

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
 84 County Call Registration District No. 710
 Township Mooney Primary Registration District No. 5939
 City Pleasant Hope (No. _____) _____ St. _____ Ward) _____
 2. FULL NAME Nancy Agnes Tillery
 (a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George D. Tillery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 9, 1830</u>		
7. AGE <u>82</u> YEARS	<u>3</u> MONTHS	<u>28</u> DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wife</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		10. Date deceased last worked at this occupation (month and year)
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ebenezer Missouri</u>		
13. NAME <u>H. Reed</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. Ill.</u>		
15. MAIDEN NAME <u>Hall</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. Ill.</u>		
17. INFORMANT (ADDRESS) <u>D. C. Keller</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pleasant Hope</u> DATE <u>Feb. 7, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>William B. Lawrie</u> <u>Pleasant Hope, Mo.</u>		
20. FILED <u>Feb 18, 1933</u> <u>Estelle Benton</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 6, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 1, 1933, to Feb 6, 1933
 I last saw her alive on Feb 6, 1933. Death is said to have occurred on the date stated above, at 3 p.m.
 The principal cause of death and related causes of importance were as follows:
coronary disease of heart with Flu.
11/15 11/15
 Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. G. Albright, M. D.
 (Address) Pleasant Hope Mo

