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

Do not use this space.

20280

File No. .....
Registered No. 22

1. PLACE OF DEATH
57 County Lincoln
Township Hurricane
City ..... (No. ..... St. ..... Ward)
Registration District No. 486
Primary Registration District No. 5649

2. FULL NAME Julia G. Lilley
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 - 1878.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
55	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House Wife
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Mo

FATHER
13. NAME J. F. Park
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Mary J. Day
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Mo

17. INFORMANT Mrs Lilley
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Liberty DATE June 25, 1933

19. UNDERTAKER W. H. Bradley
(ADDRESS) Eldorado Mo.

20. FILED 7-10, 1933 C. E. Powell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 11, 1933, to June 22, 1933
I last saw h. alive on June 28, 1933 Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Uterus (cervix).	
48	48

Other contributory causes of importance: .....

Name of operation Biopsy Date of 6/12/33
What test confirmed diagnosis? Biopsy 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? No
If so, specify .....
(Signed) A. C. Scott, M. D.
(Address) Eldorado, Mo

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.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD