

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

Do not use this space.

1. PLACE OF DEATH

County Maries Registration District No. 541
 Township Jefferson Primary Registration District No. 4321
 City Bella (No. _____) St. _____ Ward _____

File No. 30234
 Registered No. _____

2. FULL NAME

Charles F. Lillon
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>24</u>	<u>9</u>	<u>11</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clay

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) Osage Co. Mo.

13. NAME John Lillon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo.

15. MAIDEN NAME Nancy Pyree

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co. Mo.

17. INFORMANT (ADDRESS) Lorena Lillon Bella Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberia Camp DATE Sept 21, 1933

19. UNDERTAKER (ADDRESS) J. G. Ladd Bella Mo.

20. FILED 10/10 1933 Wm. Lewis Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19, 1933

22. I HEREBY CERTIFY, That I attended deceased from accidental death
 I last saw him alive on _____
 to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:

Killed by train
accidental
 2:07 PM
 Other contributory causes of importance: 207
 Date of onset _____

Name of operation none Date of _____
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide accidental Date of injury Sept 19, 1933
 Where did injury occur? Bella Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public place
 Manner of injury catching main train
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. J. Jones, M. D.
 (Address) Bella Mo.

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.

OCT 20 1933

