

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

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

Do not use this space.

30623

1. PLACE OF DEATH

County Randolph Registration District No. 735
Township _____ Primary Registration District No. 3034
City Moberly (No. 107 Collins)

File No. _____
Registered No. 170
St. _____ Ward _____

2. FULL NAME

Joseph Lilly
(a) Residence, No. 107 Collins 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 13/75

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 9 16

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

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) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Gabriel Lilly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Mary Medley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Ann Lilly
(ADDRESS) Moberly Mo

18. BURIAL, CREMATION; OR REMOVAL PLACE Moberly, Mo DATE Sept 30, 1933

19. UNDERTAKER Mahan + Son
(ADDRESS) Moberly Mo

20. FILED 7/3, 1933 Virginia Walker
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1st, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1933, to Sept 1, 1933
I last saw him alive on Sept 1, 1933. Death is said to have occurred on the date stated above, at 7:50 p.m.
The principal cause of death and related causes of importance were as follows:

Valvular Heart Disease
131
42A
Chronic Nephritis
Date of onset

Name of operation none Date of _____
What test confirmed diagnosis? clinical signs & symp 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) C. Smith, M. D.
(Address) Moberly Mo

