

25 1934 On Hill

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

Do not use this space.

8098

1. PLACE OF DEATH

County J. Callaway
Township J. Callaway
City Holt, Missouri (No., St. Ward)

Registration District No. 213
Primary Registration District No. 5152B

File No. 6
Registered No.

2. FULL NAME Frank Jesse Frances 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-28-1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 11 14

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. "
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) Not Known

13. NAME Not Known

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

15. MAIDEN NAME Not Known

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

17. INFORMANT (ADDRESS) Jas. Sundermeyer

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul's DATE March-16-1934

19. UNDERTAKER (ADDRESS) Wm. Gordon

20. FILED 3/16/34 1934 Wm. Gordon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14 1934

22. I HEREBY CERTIFY, That I attended deceased from June 22 1933 to Mar 14 1934.
I last saw him alive on June 22 1934. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Heart failure found dead
Myocarditis
200%
Other contributory causes of importance: Senility

Date of onset

Name of operation Date of
What test confirmed diagnosis? Clinical 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) Jas. A. Hill, M. D.
(Address) Jefferson City Mo

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.

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