

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

Do not use this space.

20172

1. PLACE OF DEATH

County Harrison
Township Bethany
City (No. _____) _____

Registration District No. 334
Primary Registration District No. 5465

File No. 787
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>W</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry Mertac Tilley Dec.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-29-1864</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>10</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>house work</u>	
	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) <u>Shubuta Co. Ill.</u>		
FATHER	13. NAME <u>James Brown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bridgetown Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Mary Sackman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT (ADDRESS) <u>Orvil Tilley</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Burris</u> DATE <u>6-10-1934</u>		
19. UNDERTAKER (ADDRESS) <u>S. M. Boat</u>		
20. FILED <u>6-11</u> 19 <u>34</u> <u>H. J. Horned</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8 1934

22. I HEREBY CERTIFY, That I attended deceased from
June 7 1934, to June 8 1934
I last saw her alive on June 8 1934 Death is said
to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:
Apoplexy of Brain
Date of onset _____

Other contributory causes of importance:
Brain

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Ernest L. Wood, M. D.
(Address) Bethany 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 UNFADING INK—THIS IS A PERMANENT RECORD

JUN 21 1934

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