

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.

SEP 20 1934

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

Do not use this space.

29517

1. PLACE OF DEATH

County Jackson
 Township Kearney
 City Kansas City, Missouri

Registration District No. 399
 Primary Registration District No. 1002
1613 Denver

File No. _____
 Registered No. 3900
 St. _____ Ward _____

2. FULL NAME

Lillian L. Nichill

(a) Residence, No. 2613 Denver Ave St. K.C. Mo. Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Nichill</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 3, 1872</u>				
7. AGE YEARS <u>62</u>	MONTHS <u>5</u>	DAYS <u>16</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>Housewife</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) Ireland

13. NAME Wm H Wilson

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

15. MAIDEN NAME Mary Ann Harding

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

17. INFORMANT Frank Nichill
 (ADDRESS) 1613 Denver K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Calvary DATE Aug 22, 1934

19. UNDERTAKER Joe A. Butler & Son
 (ADDRESS) K.C. Mo.

20. FILED 8/23, 1934 M. M. Browne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov-17, 1933, to 8-19, 1934, 1934
 I last saw her alive on 8-19, 1934. Death is said to have occurred on the date stated above, at 6:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation
enlargement of Stomach 3 Mo
 Date of onset before 11/17-33

Other contributory causes of importance: _____

Name of operation None 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) John H. Wilson, M. D.
 (Address) 1517 Shukey St Bldg

