

OCT 18 1934

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

Do not use this space.

30149

1. PLACE OF DEATH

County Monroe Registration District No. 582  
Township Jackson Primary Registration District No. 5779  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME Sicero G. Tillitt

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Allie Tillitt  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April - 24 - 1850  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 3 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General Agriculture  
10. Date deceased last worked at this occupation (month and year) Feb - 18 - 1934 11. Total time (years) spent in this occupation all his life

12. BIRTHPLACE (CITY OR TOWN) Monroe Co.  
(STATE OR COUNTRY) Jackson Township MO.

13. NAME Henry Tillitt

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

15. MAIDEN NAME Lavera Lewis

16. BIRTHPLACE (CITY OR TOWN) Bourbon Co.  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Mary E. Moore  
(ADDRESS) 149 Selma Webster Gray St

18. BURIAL, CREMATION, OR REMOVAL PLACE Stoutsville Cemetery DATE Aug. 7 1934

19. UNDERTAKER Wilson & Son  
(ADDRESS) Monroe City MO

20. FILED Oct 6 1934 H. C. Pounce  
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 5 1934

22. I HEREBY CERTIFY, That I attended deceased from June 7 1934 to Aug 5 1934  
I last saw him alive on Aug 4 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Gonorrhea Prostate and  
Hypertrophy of Prostate  
Gland  
5/12  
5/13  
5/16  
Other contributory causes of importance:  
Infirmities of age

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) W. T. Bell, M. D.  
(Address) Stoutsville 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.

