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

Do not use this space.

41797

DEC 27 1934

1. PLACE OF DEATH
County Worth — Registration District No. 903
Township Whitehall — Primary Registration District No. 6212
City ~~Grant City~~ (No. ..... St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Lila M. Proctor

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF George Proctor

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	74	2	4	

OCCUPATION

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

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) May 1934 — 11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME James Teasley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles Co Mo.

MOTHER

15. MAIDEN NAME Francis Maybon

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

17. INFORMANT (ADDRESS) Geo. Proctor Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City Cem. DATE 11/15 1934

19. UNDERTAKER (ADDRESS) Grant City Mo.

20. FILED Dec 8, 1934 Fred Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 13 34

22. I HEREBY CERTIFY, That I attended deceased from 1930, 30 to Nov 13, 34

I last saw her alive on Nov 13 1934 Death is said to have occurred on the date stated above, at 1 30 M.

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

	Date of onset
Apoplexy Coma	Nov 13 34
51 59	

Other contributory causes of importance:

Diabetes for 10 yrs

Name of operation ✓ Date of ✓

What test confirmed diagnosis? Clinical findings 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) E. J. Ross, M. D.

(Address) Grant City.

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