

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

Do not use this space.

42456

JAN 8 6 1935

1. PLACE OF DEATH

County Wallas
Township St. Benton
City Buffalo (No. St. Ward)

Registration District No. 241
Primary Registration District No. 5354

File No.
Registered No. 980

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 4 1

OCCUPATION 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. 2
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) mo.

FATHER 13. NAME E. R. Lilley

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) E. R. Lilley Buffalo Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Christ Grove DATE 1-2-35

19. UNDERTAKER (ADDRESS) B. Jones Buffalo Mo.

20. FILED 1/10 1935 Washly Monon Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31-1934

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 11:30 P.
The principal cause of death and related causes of importance were as follows:

Date of onset:
Cut throat
Fractured Skull
Other contributory causes of importance: 201

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? Accident Date of Injury 12-31-1934
Where did injury occur? Wallas County Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile Collision
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) C. O. Daemmer, M. D.
(Address) Buffalo 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.

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 08-14-2001 BY SP-6 [REDACTED]

EXEMPT FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

EXEMPTION CODE: 25X(1)

EXEMPTION AUTHORITY: 1.1.4

EXEMPTION DATE: 08-14-2001

EXEMPTION REVIEW DATE: 08-14-2001

EXEMPTION REVIEW BY: [REDACTED]

EXEMPTION REVIEW COMMENTS: [REDACTED]

EXEMPTION REVIEW ACTION: [REDACTED]

EXEMPTION REVIEW STATUS: [REDACTED]

EXEMPTION REVIEW TYPE: [REDACTED]

EXEMPTION REVIEW VERSION: [REDACTED]

EXEMPTION REVIEW NUMBER: [REDACTED]

EXEMPTION REVIEW ID: [REDACTED]

EXEMPTION REVIEW REF: [REDACTED]

EXEMPTION REVIEW URL: [REDACTED]

EXEMPTION REVIEW CONTACT: [REDACTED]

EXEMPTION REVIEW PHONE: [REDACTED]

EXEMPTION REVIEW FAX: [REDACTED]

EXEMPTION REVIEW EMAIL: [REDACTED]

EXEMPTION REVIEW ADDRESS: [REDACTED]

EXEMPTION REVIEW CITY: [REDACTED]

EXEMPTION REVIEW STATE: [REDACTED]

EXEMPTION REVIEW COUNTRY: [REDACTED]

EXEMPTION REVIEW ZIP: [REDACTED]

EXEMPTION REVIEW TITLE: [REDACTED]

EXEMPTION REVIEW ORGANIZATION: [REDACTED]

EXEMPTION REVIEW DEPARTMENT: [REDACTED]

EXEMPTION REVIEW DIVISION: [REDACTED]

EXEMPTION REVIEW POSITION: [REDACTED]

EXEMPTION REVIEW SIGNATURE: [REDACTED]