MAY 30 1935

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

Do not use this space.

11862

1. PLACE OF DEATH
County BARRY
Township EXETER
City ..... (No. ..... , ... St. ..... Ward)

Registration District No. 34
Primary Registration District No. 6239

File No. .....
Registered No. 5

2. FULL NAME LILLIE JOCILLE ERWIN

(a) Residence, No. EXETER 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. 4 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)
FEMALE	WHITE	SINGLE.

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
~~(OR) WIFE OF~~ LILLIE JOCILLE ERWIN —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-1935

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

OCCUPATION

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

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) EXETER ~~EXETER~~ BARRY CO, MO

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME FAY ERWIN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) EXETER BARRY CO MO

17. INFORMANT VERNON ERWIN
(ADDRESS) EXETER MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE MAPLEWOOD DATE 4-10 1935

19. UNDERTAKER BARR & BLANKENSHIP
(ADDRESS) EXETER MO.

20. FILED 4-10-1935 Mrs. H. P. Sears Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1935

22. I HEREBY CERTIFY, That I attended deceased from april 5, 1935, to april 9, 1935

I last saw her alive on april 9, 1935. Death is said to have occurred on the date stated above, at 11 P m.

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

	Date of onset
CONGENITAL WEAKNESS	BIRTH
CONGENITAL ATELCTASIS	BIRTH

Other contributory causes of importance:

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) R. J. Barker, M. D.
(Address) Exeter, Missouri

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.