

MAY 23 1936

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

Do not use this space.

13688-8

## 1. PLACE OF DEATH

County New Madrid  
Township Lewis  
City Lilbourn

Registration District No. 274  
Primary Registration District No. 4063

File No. ....  
Registered No. ....  
St. .... Ward)

## 2. FULL NAME

George William Litherland

(a) Residence, No. .... 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) aug. 6. 1932

7. AGE YEARS 8 1/2 MONTHS 7 DAYS 1 If LESS than 1 day, ..... hrs. or ..... min.

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

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) Ind.

13. NAME William Litherland

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

15. MAIDEN NAME do not know

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

17. INFORMANT Jeff. Litherland (ADDRESS) Jeff. Litherland No.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Home DATE 4-7 1935

19. UNDERTAKER (ADDRESS) None

20. FILED May 10 1935 E. E. Jones Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6 1935

22. I HEREBY CERTIFY, That I attended deceased from March 1 1935, to April 6 1935

I last saw him alive on March 1 1935. Death is said

to have occurred on the date stated above, at 4:45 P.M.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? Yes

If so, specify

(Signed) E. E. Jones, M. D.

(Address) Lilbourn, Mo

—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.

