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.

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

JUN 3 1935

Do not use this space.

14024

1. PLACE OF DEATH

County RAY — Registration District No. 744 — File No.

Township RICHMOND — Primary Registration District No. 5976B — Registered No. 35

City ~~HENRIETTA~~ (No. , St. Ward)

2. FULL NAME CHARLES G. LILLY

(a) Residence, No. St., Ward. TINA MO
(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): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE~~ OF) MARY E. LILLY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 13 1881

7. AGE: YEARS 53 — MONTHS 11 — DAYS 11 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) MISSOURI

FATHER

13. NAME JOHN D. LILLY

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

MOTHER

15. MAIDEN NAME CAROLINA KAGLE

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

17. INFORMANT (ADDRESS) KENNITH LILY TINO MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE TINA MO DATE 4/25/35 19

19. UNDERTAKER (ADDRESS) C. M. JOINER. C. AUSTIN RICHMOND MO. TINA MO.

20. FILED 6-9 19 35 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 24, 1935

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 1:10 A.m.

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

Date of onset

accidentally Killed while driving an auto when it Collided with R.R. Train

Other contributory causes of importance?

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accdt. Date of injury 4-24-35

Where did injury occur? Henrietta Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Wreck Public Place

Manner of injury

Nature of injury Fractured Skull

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) C. C. Lay Coroner

(Address) Ray Co Mo.