

JUL 25 1935

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

Do not use this space.

20497

## 1. PLACE OF DEATH

County New MadridRegistration District No. 1Township LasiurPrimary Registration District No. 1City Portageville

(No. ....)

St. ....

Ward) .....

2. FULL NAME James Percy Killion

(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)

Married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OFWinnie Comatick Killion

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

11\*7 1897

## 7. AGE

YEARS

37

MONTHS

7

DAYS

21If LESS than 1  
day, ..... hrs.  
or ..... min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Teacher  
Professor9. 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)Obion County  
Tenn

## 13. NAME

James M Killion

## MOTHER FATHER

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

## 15. MAIDEN NAME

Nettie Buchannan16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Mo.17. INFORMANT  
(ADDRESS)J. M. Killion  
Portageville Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Portageville DATE 6/30 3519. UNDERTAKER  
(ADDRESS)R. M. Payne  
Portageville Mo

## 20. FILED

19. ....

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-28 193522. I HEREBY CERTIFY, That I attended deceased from  
Apr 1930 to 6-28 1935I last saw him alive on 6-26 1935 Death is said  
to have occurred on the date stated above, at 4 a. m.

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

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance:

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? .....

Date of injury .....

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) J. P. Killion

M. D.

(Address) Portageville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

NOV 19 1953