

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.

JAN 17 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

40364

1. PLACE OF DEATH
 County Moniteau Registration District No. 571
 Township Walker Primary Registration District No. 5769
 City (No.) St. Ward

File No. _____
 Registered No. 82

2. FULL NAME Lillie Jane Morrow
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>I. G. Morrow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 28, 1872</u>				
7. AGE		YEARS	MONTHS	DAYS
		62	11	29
OCCUPATION	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) <u>Moniteau Co., Mo.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>James Wilburn</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Moniteau Co., Mo.</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Jemima Cook</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Moniteau Co., Mo.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>J. G. Morrow</u> (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>California, Mo.</u> DATE <u>Dec. 27, 1935</u>				
19. UNDERTAKER <u>J. W. Wilson & Sons</u> (ADDRESS) <u>California, Mo.</u>				
20. FILED <u>12-27-1935</u> <u>H. R. Poppyay</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-28-1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1935 to Dec 25, 1935
 last saw her alive on Dec 25, 1935. Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Cardio-Vascular-renal disease Date of onset 1932
131
 Other contributory causes of importance:
Thrombosis of splanchnic Veins 12/20/35

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chinical 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) Edgar A. Kistner _____, M. D.
 (Address) California Mo.

