

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

Do not use this space.

MAR 23 1936

6706

1. PLACE OF DEATH

County Livingston Registration District No. 508
Township _____ Primary Registration District No. 3026
City Chillicothe (No. _____, _____ St. _____ Ward _____)

2. FULL NAME

Lillie Runyon
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 5 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Dayton Ohio

13. NAME Joe Jewell

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

15. MAIDEN NAME Port Knova

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

17. INFORMANT Mrs. Earl Gay
(ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE 2-12-36

19. UNDERTAKER J. B. Norman
(ADDRESS) Chillicothe

20. FILED Feb. 13, 1936 Howard H. Dandridge
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11-36

22. I HEREBY CERTIFY That I attended deceased from Aug 24 Feb 11, 1936
I last saw him alive on Feb 10, 1936. Death is said to have occurred on the date stated above, at 6 a m.

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

Heart decompensation Date of onset _____

Other contributory causes of importance Chronic Hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Quin 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. Bremson, M. D.
(Address) Chillicothe, Mo.

