MAY 22 1936

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

Do not use this space.

11369

File No. 14

Registered No.

1. PLACE OF DEATH

County Lawrence

Township Lincoln

City (No. St. Ward)

Registration District No. 469

Primary Registration District No. 5-630

2. FULL NAME Tillie Williams

(a) Residence, No. Miller Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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*): Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF~~ (OR) WIFE OF C. V. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1873

7. AGE: Years 62 Months 11 Days 1 If LESS than 1 day, hrs. or min.

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) Wade Co.
(STATE OR COUNTRY) Missouri

FATHER

13. NAME George W. Leyallen

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

MOTHER

15. MAIDEN NAME Lucinda Muks

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

17. INFORMANT C. V. Williams
(ADDRESS) Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh DATE 3-10-1936

19. UNDERTAKER Monroe & Lemon Funeral Home
(ADDRESS) Miller Mo.

20. FILED 5-1 1936 W. D. Bruner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-1936

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1934, to 3-8, 1936

I last saw h. alive on 3-8, 1936 Death is said to have occurred on the date stated above, at 3:00 P. m.

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

Emphysema

Date of onset

Other contributory causes of importance:

Chronic Nephritis

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, 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?

If so, specify

(Signed) W. D. Bruner, M. D.

(Address) Miller Mo.

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

Do not use this space.

1. PLACE OF DEATH
County: Lawrence — Registration District No.: 469 — File No.:
Township: Lincoln — Primary Registration District No.: 3630 — Registered No.:
City: (No.: , St.: Ward:)

2. FULL NAME: Tillie Williams

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): M

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

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

7. AGE: Years 62 — Months 11 — Days 1 — If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 W. S. Burney Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 8 1936

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

Date of onset

11 d

Other contributory causes of importance:
Chronic Pleurisy
unknown as to origin

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 , 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?
If so, specify
(Signed) W. S. Burney, M. D.
(Address) Miller Mo.

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