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

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.

JUN 26 1936

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH 791

Do not use this space.

24329

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 5943

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis, Mo. (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Louise Alice Tillman

(a) Residence, No. ..... St., N R Ward. Gasconade, 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 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 Mike H. Tillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14-1873

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 3 | 24 | |

OCCUPATION

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

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 Claud Maire

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

MOTHER

15. MAIDEN NAME Sophia Whilcot

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

17. INFORMANT (ADDRESS) Mike H. Tillman Gasconade, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morrison, Mo. DATE June 11, 1936

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc 429 N. Euclid Ave

20. FILED JUN 9 1936 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1936 to June 8, 1936

I last saw her alive on June 8, 1936 Death is said to have occurred on the date stated above, at 2:05 P.m.

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

| | Date of onset |
|---|---|
| Diabetic Coma | 6-6-36 |

Other contributory causes of importance:
Acute Bronchitis
Acute Cholecystitis with Stone
Diabetes

Name of operation Cholecystotomy Date of 6-2-36

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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

Accident, suicide, or homicide? no 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) James A. Porsen, M. D.

(Address) 3903 Olive St.