

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.

AUG 17 1936

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

Do not use this space.

25892

1. PLACE OF DEATH

County Chariton Registration District No. 175
Township _____ Primary Registration District No. 4104
City Salisbury

File No. _____
Registered No. 46
St. _____ Ward) _____

2. FULL NAME

William Baker Tillerson

(a) Residence, No. _____ St. _____ Ward. _____

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
55 11 4

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

MOTHER FATHER
13. NAME JAMES Tillerson

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

MOTHER FATHER
15. MAIDEN NAME Nancy Fennell

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

17. INFORMANT (ADDRESS) Mrs. Mattie Tillerson Salisbury Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Salisbury DATE July 23 1936

19. UNDERTAKER (ADDRESS) Geo. B. Wickelmyer Salisbury Mo.

20. FILED 7/21 1936 Geo. B. Wickelmyer Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Oct 4 1931, to July 21 1936
I last saw him alive on July 20 1936 Death is said to have occurred on the date stated above at 11:30 P.M.

The principal cause of death and related causes of importance were as follows:
Rheumatism Heart Disease
Myocardial stenosis

Date of onset 7

Other contributory causes of importance: None

Name of operation None Date of _____
What test confirmed diagnosis? EKG 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) F. L. Hoopes M. D.
(Address) Salisbury Mo

