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.

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

OCT 21 1936

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

Do not use this space.

36917

1. PLACE OF DEATH
County Calloway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 324
City Fulton (No. , St. Ward)

2. FULL NAME George Alan Lilla
(a) Residence, No. Fulton, 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 11 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~~ Jessie Lilla

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1869

7. AGE: YEARS 67 — MONTHS 5 — DAYS 23 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber
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) Sept., 1936
11. Total time (years) spent in this occupation

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

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

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

17. INFORMANT (ADDRESS) Jessie Lilla (Wife)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE Oct-15 1936

19. UNDERTAKER (ADDRESS) Leo G. Wallace Fulton Mo

20. FILED Oct 14, 1936 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 13, 1936, to Oct. 13, 1936
I last saw him alive on Oct 13, 1936. Death is said to have occurred on the date stated above, at 8 05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Embolism	Oct. 13 1936
Other contributory causes of importance: Varicose veins of left leg.	for years

Name of operation? None 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? 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 None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) T. S. Lapp, M. D.
(Address) Fulton, Mo.