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.

JAN 20 1937

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

Do not use this space.

45370

File No.
Registered No. 62

1. PLACE OF DEATH
County Lewis — Registration District No. 477
Township — Primary Registration District No. 4286
City Canton (No. , St. Ward)

2. FULL NAME Lillian Viehmeyer
(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): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1876

7. AGE: Years 60 | Months 4 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Camden
(STATE OR COUNTRY) Illinois

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

MOTHER
15. MAIDEN NAME Elizabeth Edwards
16. BIRTHPLACE (CITY OR TOWN) Camden
(STATE OR COUNTRY) Illinois

17. INFORMANT Ethel Stone
(ADDRESS) Detroit, Michigan

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Canton, Mo. DATE Dec. 20, 1936

19. UNDERTAKER Earl H. Barkley
(ADDRESS) Canton, Missouri

20. FILED Dec. 24, 1936 H W Harris
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1936, to Dec. 17, 1936
I last saw her alive on Dec. 17, 1936. Death is said to have occurred on the date stated above, at 11:30p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Recent

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Symptom 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) [illegible], M. D.
(Address) Canton, Mo.