JAN 25 1937

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

Do not use this space.

45971

File No.
Registered No. 17

1. PLACE OF DEATH
County St Clair
Township Chalk level
City (No. , St. Ward)

Registration District No. 763
Primary Registration District No. 6006

2. FULL NAME Lillie Mae Mc Mullin

(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 3 yrs. 10 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 William James Mc Mullin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-1903

7. AGE: Years 33 years 4 mo; Months 4; Days 10; If LESS than 1 day, hrs. or min.

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) Warsaw, Mo.

FATHER
13. NAME Lillie James Taylor.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.

MOTHER
15. MAIDEN NAME Della M. Foster.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo.

17. INFORMANT (ADDRESS) Della M. Pate Montrose, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hopewell Mo. DATE Dec 26, 1936

19. UNDERTAKER (ADDRESS) C. A. Rickett Brownington, Mo.

20. FILED Dec 25, 1936 Sophia L. Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-24-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 24, 1936, to Dec-24, 1936
I last saw her alive on Dec 24, 1936 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Embolism	12/24/36

Other contributory causes of importance:
Puerperium

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) [illegible] M. D.
(Address) Brownington, Mo.

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.