

MAR 19 1937

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

Do not use this space.

5878

1. PLACE OF DEATH *Greene*  
 34 County ..... Registration District No. *318*  
 3 Township *Springfield* Primary Registration District No. *2001*  
 3 City *Springfield* (No. *2302*) N. *Elizabeth* Registered No. *0091*  
 2. FULL NAME *Vera Ruth Lilley* St. .... Ward .....  
 (a) Residence, No. *2302 N. Elizabeth* Ward. .... (If nonresident, give city or town and State)  
 (Usual place of abode)  
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/1*, 19*37*

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

22. I HEREBY CERTIFY, That I attended deceased from *2/1*, 19*37*, to *2/1*, 19*37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 3-1917*

I last saw *her* alive on *2/1*, 19*37* Death is said to have occurred on the date stated above, at *3:45 p.m.*

7. AGE YEARS *19* MONTHS *2* DAYS *28* If LESS than 1 day, .... hrs. or .... min.

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

*Carcinoma of Rectum* Date of onset *8/1/37*

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. *at home*  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *In home*  
 10. Date deceased last worked at this occupation (month and year) *✓* 11. Total time (years) spent in this occupation *✓*

Other contributory causes of importance: *✓*

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

13. NAME *James E. Lilley*

Name of operation *Cytoplast* Date of *Mo*  
 What test confirmed diagnosis? *Microscopic* there an autopsy? *Mo*

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

15. MAIDEN NAME *Ruth Elliott*

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)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kansas*

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *James E. Lilley Mo. Springfield*

Manner of injury .....  
 Nature of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Green Lawn* DATE *Feb 3 1937*

19. UNDERTAKER (ADDRESS) *J.W. Krumpholtz & Co. Springfield Mo.*

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify *CD Max Jites* (Signed) *Mo*, M. D.

20. FILED *Feb 3 1937* *Chas. George* Registrar

(Address) *Springfield Mo*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

