

APR 21 1937

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

Do not use this space.

12473

1. PLACE OF DEATH

 County Lincoln
 Township Snow Hill
 City Proy (No. _____)
Registration District No. 491Primary Registration District No. 5655

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Lillie Kolb(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 Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) march 23 - 19167. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
9 21 3

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

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) Proy13. NAME Chris Kolb14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles15. MAIDEN NAME Birtha Howell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tramons17. INFORMANT (ADDRESS) Warren Kolb

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cemetery DATE 3-27-3719. UNDERTAKER (ADDRESS) Kemper Bros20. FILED Mar 25 1937 Mrs Pearl Muck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 193722. I HEREBY CERTIFY, That I attended deceased from Sept 1 1936, to Mar 23 1937.I last saw her alive on Mar 23 1937. Death is saidto have occurred on the date stated above, at 3 P. m.

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

Tuberculosis of LungsDate of onset 1932Other contributory causes of importance: 23

Name of operation _____ Date of _____

What test confirmed diagnosis? Physi Was there an autopsy? _____

22. 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) E. L. Nicks _____, M. D.(Address) Proy Mo

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.

