Hill

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

Do not use this space.

JUN 18 1937

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 19841

3 Township — Primary Registration District No. 3014 2 — Registered No. 188

8 City Jefferson City (No. ..... St. ..... Ward)

2. FULL NAME Mrs Edith Iliff

(a) Residence, No. 122 W. Elm St., ... 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

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: Elmer Iliff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 6 - 1898

7. AGE: 39 YEARS, 4 MONTHS, 3 DAYS — 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): Missouri

FATHER
13. NAME: Boone Watts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Alice Sapenfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Elmer Iliff 122 W. Elm

18. BURIAL, CREMATION, OR REMOVAL: PLACE Dulle Sem. Eldon, Mo. DATE June 12 1937

19. UNDERTAKER (ADDRESS): Dawson & Tanner 700 Jeff. Jeff. City Mo

20. FILED 6/15/ 1937 N. Bedford M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937, to June 3, 1937. I last saw her alive on June 3, 1937. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Massive Collapse of Rt Lung with Terminal Pneumonia — Date of onset: May 27

Other contributory causes of importance: Probably Tuberculosis no History of.

Name of operation ..... Date of .....

What test confirmed diagnosis? X Ray 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) Jas A. Hill, M. D.
(Address) Jefferson City 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.