

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.

Dr. H. H. Knabb

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

Do not use this space.

JUN 2 1 1937

1. PLACE OF DEATH

39 County *Green* Registration District No. *318*
 130 Township *Embeth* Primary Registration District No. *2001*
 5 City *Springfield* (No. *2*) St. *2* Ward *1*

File No. *20030*
 Registered No. *0402*

2. FULL NAME

Laura Tiller
 (a) Residence, No. *531* *Pine* St., *2* 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) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 1, 1878*

7. AGE YEARS *59* MONTHS *4* DAYS *11* If LESS than 1 day, hrs. or min.

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

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 *A. J. Ball*

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

MOTHER 15. MAIDEN NAME *Lurak Presley*

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

17. INFORMANT *Laura Tiller* (ADDRESS) *531 Pine*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Hickory Grove* DATE *May 14, 1937*

19. UNDERTAKER *A. S. Wallace* (ADDRESS) *Billings, Mo.*

20. FILED *May 12, 1937* *Chas. A. George* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 12, 1937*

22. I HEREBY CERTIFY, That I attended deceased from *5-7-1937* to *5-10-1937*
 I last saw him alive on *5-10-1937* Death is said to have occurred on the date stated above, at *9:15 a.m.*

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

Cancer of Colon Date of onset
probary

Other contributory causes of importance: *40*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Clinical* 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?
 If so, specify *None* (Signed) *Henry F. Knapp* M. D.
 (Address) *450 1/2 E. Court St.*

