

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

Do not use this space.

JUN 2 1937

20087

1. PLACE OF DEATH *Green* County *39* Registration District No. *318*
 Townships *39* Primary Registration District No. *2001* File No. *20087*
 City *Springfield* (No. *1931*) *Travis* Registered No. *0462*
 2. FULL NAME *Andrew Jackson Lilleland* St. *7* Ward *7*
 (a) Residence, No. *1931* *Travis* St. _____ Ward. _____
 (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 *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Widower*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26*, 19 *37*

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

22. I HEREBY CERTIFY, That I attended deceased from *Mar 14*, 19 *37*, to *May 26*, 19 *37*
 I last saw him alive on *May 26*, 19 *37* Death is said to have occurred on the date stated above, at *7:45 P.M.*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 25 - 1857*

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

7. AGE YEARS *79* MONTHS *9* DAYS *1* If LESS than 1 day, _____ hrs. or _____ min.

Cerebral Hemorrhage Date of onset _____

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

Other contributory causes of importance: *fall*

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

Name of operation *clinical* Date of _____
 What test confirmed diagnosis? *clinical* Was there an autopsy? *No*

13. NAME *Joseph W. Lilleland*

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)

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

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

15. MAIDEN NAME *Sally Hamilton Stevenson*

Manner of injury _____
 Nature of injury _____

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

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____

17. INFORMANT (ADDRESS) *J. J. Lilleland, no*

(Signed) *A. E. Opperdes* M. D.
 (Address) *Springfield Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Payne Cemetery* DATE *May 27*, 19 *37*

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

20. FILED *May 27, 1937* *Chas. A. George* Registrar

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

RECEIVED
FEB 15 1964
U.S. AIR FORCE
HEADQUARTERS
DALLAS, TEXAS

5