

SEP 20 1937

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

Do not use this space.

1. PLACE OF DEATH

53 County Laclede Registration District No. 449  
Township George Primary Registration District No. 5618  
City Lebanon (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 31050  
Registered No. \_\_\_\_\_

2. FULL NAME

Francis Marion Lillard

(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 M 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 Augusta Ann Lillard  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 1864  
7. AGE YEARS 72 MONTHS 10 DAYS 0 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Laclede Co

13. NAME Daniel Lillard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky

15. MAIDEN NAME Sarah Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Ill

17. INFORMANT (ADDRESS) Augusta Ann Lillard  
Lebanon Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Lillard DATE 8/23 1937

19. UNDERTAKER (ADDRESS) W. E. Halman  
Lebanon Mo

20. FILED 8-23 1937 J. A. McComb  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/21 1937

22. I HEREBY CERTIFY, That I attended deceased from 8-17- 1937, to 8-21-37, 19\_\_\_\_  
I last saw him alive on 8-20-37, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 4 P m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 8-17-37

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) W. A. Hamilton, M. D.  
(Address) Lebanon 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.

Hamilton

