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.

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

JAN 17 1938

Do not use this space.

1. PLACE OF DEATH
County Jackson
Township Kan
City K.C. Mo. (No. 1215 Tracy St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 44460
Registered No. 133

2. FULL NAME Inf. Lillard
(a) Residence, No. 1215 Tracy 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 Unk
4. COLOR OR RACE Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-12-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Kansas City Mo.

FATHER
13. NAME Walter Lillard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Nadine Hopkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo.

17. INFORMANT (ADDRESS) Nadine Hopkins 1215 Tracy
18. BURIAL, CREMATION, OR REMOVAL
PLACE Leeds Mo. DATE 8-20-37
19. UNDERTAKER (ADDRESS) H.B. Wood 1820 E 18 St
20. FILED Nov 16, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12-1937

22. I HEREBY CERTIFY, That I attended deceased from 8-12-1937 to ....., 19....
I last saw him alive on Stillborn, 19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	

Other contributory causes of importance:
Lues. Congenital

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? none Date of injury ....., 19....
Where did injury occur? none
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. Linder, M. D.
(Address) 1722½ E. 18