

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

3132
 Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 411
 (b) Township Salina Primary Registration District No. 2002 Registered No. _____
 (c) City Joplin (d) Street No. 1611 Ohio St. Joplin Mo. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles L. Lilly 400

(a) Residence, No. 1611 Ohio St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Lilly
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28, 1868
 7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
69 8 3 _____
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. U.P.D.
 9. Industry or business in which work was done, as saw mill, bank, etc. Worker
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1938, to Jan 31, 1938
 I last saw him alive on Jan 30, 1938. Death is said to have occurred on the date stated above, at 3:45 P. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset _____

Other contributory causes of importance: None

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? _____ 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? (M)
 If so, specify _____ (Signed) Ed. J. James, M. D.
 (Address) Joplin, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassell County, Mo.
 13. NAME Henry Lilly
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 15. MAIDEN NAME Esther Brotherton
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record
 17. INFORMANT Mrs. Murphy & Mrs. Carroll (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park Cem. DATE Feb. 2, 1938
 19. FUNERAL DIRECTOR F. J. Sivers Mortuary (ADDRESS) Joplin, Mo.
 20. FILED 2-1-38 Ed. J. James Local Registrar.

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

49
3

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, David Dillon, Licensed Embalmer No. 3898

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed David Dillon

Licensed Embalmer No. 3898

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)