

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

3322
Do not use this space.

1. PLACE OF DEATH
 (a) County Linn Registration District No. 494
 (b) Township Yellow Creek Primary Registration District No. 5670
 (c) City (d) Street No.
 (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 Lillian Marie Harwood 1938
 (a) Residence, No. Linn County St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 18 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 1930, to Jan 18, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5th 1890

I last saw her alive on Jan 18, 1938. Death is said to have occurred on the date stated above, at 1 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 47 6 13

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

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

Nephritis Interstitial Date of onset 1921

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Catharine Mo.

Other contributory causes of importance:

FATHER 13. NAME William O'Neil

Name of operation none Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER 15. MAIDEN NAME Alice Melholland

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.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Catharine Mo.

17. INFORMANT (ADDRESS) A. H. Harwood St Catharine

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE St Michael DATE Jan - 26 1938

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W. B. Simpson M. D. 3

19. FUNERAL DIRECTOR (ADDRESS) Hill Funeral Chapel Brookfield Mo.

(Address) Brookfield Mo.

20. FILED Feb 9 38 Grotzinger Local Registrar

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.

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RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

J. H. Blacklock

Licensed Embalmer No.

2246

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

me

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

J. H. Blacklock

Licensed Embalmer No.

2246

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