REC'D MAR 14 1938

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

5918
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew — Registration District No. 11
(b) Township — Primary Registration District No. 4008 — Registered No. 5
(c) City Fillmore — (d) Street No. ..... 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 Lillie Lightle 234
(a) Residence, No. Fillmore St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 28-1872

7. AGE: Years 65 — Months 5 — Days — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrew co mo

FATHER
13. NAME: Rodlib Worth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Burns Switzerland

MOTHER
15. MAIDEN NAME: Elizabeth Townsend
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Ind

17. INFORMANT (ADDRESS): Doyle Lightle Fillmore mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Fillmore DATE: 3-2 1938

19. FUNERAL DIRECTOR (ADDRESS): E. C. Breit Savannah mo

20. FILED: Mar. 5 1938 Mrs. Addie Barnes, Local Registrar. 11

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1936 to 2-28 1938
I last saw h. alive on 2-27 1938. Death is said to have occurred on the date stated above, at 1 p. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetes	59

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) Dr. V. R. Wilson, M. D.
(Address) Rosendale mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

1 X12004

STATEMENT BY LICENSED EMBALMER

I, E. C. Breit, Licensed Embalmer No. 2650

hereby certify that the body recorded on the reverse side of this certificate was embalmed by E. C. Breit

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed E. C. Breit

Licensed Embalmer No. 2650

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.)