

REC'D MAR 20 1938

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

Do not use this space.

## 1. PLACE OF DEATH

58 County Lin Registration District No. 496 File No. 7293  
 1 Township Brookfield Primary Registration District No. 3025 Registered No. 16  
 2 City Brookfield (No. 460) St.          Ward         

## 2. FULL NAME

Robert Henderson Tiller 460  
 (a) Residence, No. 555 S. Livingston St.,          Ward.           
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eliza Stutes  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21, 1857  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
80 9 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer  
 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) 1928 11. Total time (years) spent in this occupation. 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta Mo.

13. NAME not known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mrs Roy Wilson  
 (ADDRESS) Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL Antioch Cem. River DATE Feb. 22, 1938

19. UNDERTAKER Rusk Funeral Home  
 (ADDRESS) Brookfield, Mo.

20. FILED 3-9-38 Spottiswood  
 Registrar. 445

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1938

22. I HEREBY CERTIFY, That I attended deceased from          1938, to Feb 21, 1938

I last saw him alive on Feb 20, 1938. Death is said to have occurred on the date stated above, at 5:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

myocardia  
93A1

Other contributory causes of importance:

arteriosclerosis  
High Blood Pressure

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?         

If so, specify         

(Signed)         

(Address)         

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.

