

REC'D APR 22 1938

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

Do not use this space.

11969

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Essex (No.) St. Ward

Registration District No. 274
Primary Registration District No. 601813

File No. 265
Registered No.

2. FULL NAME

(a) Residence, No. 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.

Lillie Pardier 630

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Jack Pardier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 15 - 1911</u>		
7. AGE	YEARS	MONTHS
	<u>26</u>	<u>0</u>
		DAYS
		<u>10</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>---</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct 27</u>	11. Total time (years) spent in this occupation <u>5</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Helsborn</u>		
FATHER	13. NAME <u>William W. Williams</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Helsborn</u>	
MOTHER	15. MAIDEN NAME <u>Harriet Bessie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
17. INFORMANT (ADDRESS) <u>M. William S. Nelson</u> <u>Helsborn</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Helsboro</u> DATE <u>Oct 27, 1937</u>		
19. UNDERTAKER (ADDRESS) <u>Delmar, Inc. Co.</u> <u>Des Moines</u>		
20. FILED <u>4/17</u> 1938 <u>B. B. Farrar</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 193722. I HEREBY CERTIFY, That I attended deceased from Dec 17 1937 to Dec 25 1937I last saw h. 2 alive on Dec 25 19... Death is said to have occurred on the date stated above, at 5 A.M.

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

Diabetic Coma

Date of onset

Other contributory causes of importance:

Diabetic MellitusName of operation None Date ofWhat test confirmed diagnosis? Exam 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) C. H. Applegate M. D.(Address) Flour River Mo

