

REC'D MAY 9 1938

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

13814  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township Law Primary Registration District No. 1002 Registered No. 1794  
(c) City St. James City (d) Street No. 3258 Holmes 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

Mary Ellen Tilson 425  
(a) Residence, No. 3258 Holmes 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

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Norman Tilson  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1897  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
40 9 23

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) St. Joseph, Mo.  
(STATE OR COUNTRY)

13. NAME Alva C. Green  
14. BIRTHPLACE (CITY OR TOWN) Madison, Mo.  
(STATE OR COUNTRY)

15. MAIDEN NAME Clara B. Bentley  
16. BIRTHPLACE (CITY OR TOWN) Sal. Co., Mo.  
(STATE OR COUNTRY)

17. INFORMANT Norman Tilson  
(ADDRESS) 3258 Holmes

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 4/28 1938

19. FUNERAL DIRECTOR Egyptian Funeral Home  
(ADDRESS) 76. E. Mo.

20. FILED Apr 27, 38 M. M. Brown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/78, 1937 to Apr 26, 1938  
I last saw her alive on Apr 26, 1938 Death is said to have occurred on the date stated above, at 12 noon m.

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

Squamous cell carcinoma of vagina

Date of onset

49

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Biopsy 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) Benjamin J. ..., M. D.  
(Address) 702 Professional Bldg  
St. James

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Ma 2202  
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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....  
.....L. E.....  
No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**