

REC'D MAY 11 1938

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

15222

Do not use this space.

1. PLACE OF DEATH

(a) County Macon Registration District No. 535
(b) Township Middle Fork Primary Registration District No. 5719 Registered No. _____
(c) City _____ (d) Street No. _____
(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

Robert F. Tiller 460
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. V Tiller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 26" 1864

7. AGE YEARS 73 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Mo.13. NAME Robert F. Tiller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.15. MAIDEN NAME Hilda Miles16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) So. Carolina17. INFORMANT (ADDRESS) Mr. Robert F. Tiller

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wainwright Cem. DATE 4-6" 1938

19. FUNERAL DIRECTOR (ADDRESS) Stephens & Gooding
Macon, Mo.20. FILED _____ 19 _____ Local Registrar. 478

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 4" 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1937, to April 4, 1938
I last saw him alive on April 2, 1938. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Cerebral apoplexy
Ryokhemiflegia
Date of onset March 1938

Other contributory causes of importance:

gastric ulcer 8 1/2" 1934
Date of onset 1934

Name of operation none Date of _____
What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) D. J. Harlan; _____, M. D.
Clarence no
(Address) _____

STATEMENT BY LICENSED EMBALMER

I,

C. L. Stephens

Licensed Embalmer No. *3057*

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

No. *3057* or by *De*^{E.}
working under my personal supervision.

Signed

C. L. Stephens

Registered Apprentice No.
Licensed Embalmer No. *3057*

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Macon Registration District No. 536-
 (b) Township Middlefork Primary Registration District No. 5719 Registered No. 123
 (c) City..... (d) Street No.....
 (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 Robert F Tiller

(a) Residence, No..... 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J Tiller
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 26 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 73 3 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 4 1938
 22. I HEREBY CERTIFY, That I attended deceased from Jan 3 to Apr 4, 1938
 I last saw him alive on Apr 21, 1938 Death is said to have occurred on the date stated above, at 2:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral apoplexy
Right Hemiplegia
gastric bleed
 Date of onset

Other contributory causes of importance:
 Name of operation none Date of no
 What test confirmed diagnosis? tray Was there an autopsy?
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury....., 19.....
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury..... no
 Nature of injury..... no
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) D. J. Harlan, M. D.
 (Address) Clarence

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
 FATHER 13. NAME Robert F Tiller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
 MOTHER 15. MAIDEN NAME Hulde Mises
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no
 17. INFORMANT Mrs Robert F Tiller (ADDRESS)
 18. BURIAL, CREMATION, OR REMOVAL PLACE Farmers Cove DATE Apr 6 1938
 19. FUNERAL DIRECTOR Stephens & Gooding (ADDRESS) Macon
 20. FILED July 9 1938 Gela King 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW

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