

REC'D JUN 22 1938

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

Do not use this space.

18786

1. PLACE OF DEATH

County Livingston Registration District No. 508
 Township Chillicothe Primary Registration District No. 5674
 City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME Lavinia Tilford

(a) Residence, No. Meadville, Missouri 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Tilford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1912

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) Linneus, Mo
 (STATE OR COUNTRY) Linn Co.

13. NAME Lis Brown

14. BIRTHPLACE (CITY OR TOWN) Linn Co., Mo.
 (STATE OR COUNTRY)

15. MAIDEN NAME Nora Wood

16. BIRTHPLACE (CITY OR TOWN) Linn Co.
 (STATE OR COUNTRY) Mo.

17. INFORMANT John Tilford
 (ADDRESS) Meadville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Linneus, Mo. DATE May 5, 1938

19. UNDERTAKER W.G. Thorne, M.D.
 (ADDRESS) Laclede Mo

20. FILED 5/12 1938 Donald M. Dowell, M.D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1938, to May 5, 1938.
 I last saw her alive on May 5, 1938. Death is said to have occurred on the date stated above, at 2:50 p.m.

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

Preperal infection following death of fetus at 6 mo. Cause unknown

Other contributory causes of importance:

Death fetus to infection - death at 6 mo. fetus Cause unknown

Name of operation Cesarean section Date of operation _____
 What test confirmed diagnosis? Cultural 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) R.J. Brennan, M. D.
 (Address) Chillicothe, Mo

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.

