

REC'D JUN 24 1938

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

19708

Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 831
 (b) Township Castor Primary Registration District No. 60-9-9
 (c) City Bloomfield (d) Street No. 4508 Registered No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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 M. Tiller
 (a) Residence, No. Bloomfield, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1883

7. AGE YEARS 55 MONTHS --- DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer & Rural School Teacher
 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) Stoddard Co., Mo.FATHER 13. NAME George W. Tiller14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not KnownMOTHER 15. MAIDEN NAME Sarah Crawford16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Lowell Tiller
(ADDRESS) 223 Fairview Ave.,18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE May 29, 1938
Kalamazoo Michigan19. FUNERAL DIRECTOR Chiles Undertaking Co.
(ADDRESS) Bloomfield, Missouri20. FILED June 8, 1938 Dr. Edw. Ford
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 193822. I HEREBY CERTIFY, That I attended deceased from July 16, 1938 to May 28, 1938I last saw him alive on May 28, 1938 Death is said to have occurred on the date stated above, at 3 P.m.

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

Date of onset

Aniaticion
(starvation) 8 7 12 -

Other contributory causes of importance:

Gastric Nerveosis

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) S. S. Haynes, M. D.(Address) Berks Mo.

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.)