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.

REC'D JUL 20 1938

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

Do not use this space.

1. PLACE OF DEATH
County Henry — Registration District No. 347 — File No. 21941
Township — Primary Registration District No. 3018 — Registered No.
City Clinton (No. ..... St. ..... Ward)

2. FULL NAME Harriet Ann Tillman 455
(a) Residence, No. 316 E Ohio St., 4 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 7
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nelson H. Tillman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1851

7. AGE — YEARS 86 — MONTHS 6 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calhoun Mo 1

FATHER
13. NAME Edward Leeton 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Harriet Pinkston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

17. INFORMANT (ADDRESS) Miss Clara Tillman Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Englewood DATE 7-6 1938

19. UNDERTAKER (ADDRESS) Consolus + Peck Clinton Mo

20. FILED 7-11 1938 Dr J R Hampton Registrar. 312

Hughes

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 17, 1938, to July 4, 1938
I last saw her alive on July 4, 1938. Death is said to have occurred on the date stated above, at 4:15 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture of right hip (Intra Capsular fracture of neck of femur)	June 17/38

Other contributory causes of importance: Hypostatic pneumonia July 3/38

Name of operation None Date of
What test confirmed diagnosis? Fluoroscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury June 17, 1938
Where did injury occur? At home, Clinton, Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell in home
Nature of injury Fractured femur

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) S B Hughes, M. D.
(Address) Clinton, Mo