REC'D NOV 10 1938

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

34971
Do not use this space.

3

1. PLACE OF DEATH
(a) County Andrew, Registration District No. 13
(b) Township Primary Registration District No. 4010 Registered No.
(c) City Savannah, (d) Street No. Savannah, Mo. 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. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME George Adin Tilley,
(a) Residence, No. Grand Island, Nebr. St. Grand Island, Nebr.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Elma Kent Tilley,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1870

7. AGE: Years 68 | Months 0 | Days 10 | 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. Farm,
10. Date deceased last worked at this occupation (month and year) 1923
11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pittsfield, New York,

FATHER
13. NAME Adin Dorrington, Tilley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Lisbon, New York,

MOTHER
15. MAIDEN NAME Amy Maria Perkins,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edmeston, New York,

17. INFORMANT Mrs. G. A. Tilley
(ADDRESS) Grand Island, Nebr.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand Island, Neb DATE Oct. 4, 1938

19. FUNERAL DIRECTOR Frank A. Bowman
(ADDRESS) Savannah, Mo.

20. FILED Oct 6, 1938 Mrs A R King
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1938, to Oct 6, 1938,
I last saw him alive on Oct 6, 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:

Chronic Myocarditis — Date of onset ?

92 C

Other contributory causes of importance:

Name of operation None Date of
What test confirmed diagnosis? Physical 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) S. E. Methany, M. D.
(Address) Savannah, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, Frank H. Bowman, Licensed Embalmer No. 1710

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Frank H. Bowman

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.)