

NOV 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson 1

Registration District No. 398

File No. 35906

Township Independence

Primary Registration District No. 3019

Registered No. 298

City Independence (No. W. Walter & Mo. Pac. Tr. Co. Ward)

2. FULL NAME Eudora Lilly

(a) Residence, No. 1024 W. Walter Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 - 1865

7. AGE YEARS 73 MONTHS 1 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) (STATE OR COUNTRY) Independence Missouri

13. NAME Dr. C. C. Rigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

15. MAIDEN NAME Margaret Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Kentucky

17. INFORMANT (ADDRESS) Dr. Noah Adams 1024 W. Walter

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE Dec 31 1938

19. UNDERTAKER (ADDRESS) George C. Carson Independence Mo.

20. FILED 11-2-38 F. L. Banki Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 28 1938

22. I HEREBY CERTIFY, That I attended deceased from 1938 to 1938. I last saw him alive on Dec 19 1938 Death is said to have occurred on the date stated above, at 3:55 p.m.

The principal cause of death and related causes of importance were as follows:
Railroad Traumatism
Redney - Car - struck
to train
to right hip (Comp)
Other contributory causes of importance:
Evisceration 2 1/2"

Name of operation Evisceration Date of no
What test confirmed diagnosis Evisceration 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 10-28 1938
Where did injury occur? Alton & Mo Pac Tr. Co
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. highway
Manner of injury Railroad Traumatism
Nature of injury Evisceration

24. Was disease or injury in any way related to occupation of deceased?
If so, specify (Signed) Flansburg M. D.
(Address) Independence 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.

