REC'D JAN 9 1939

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

42131
Do not use this space.

1. PLACE OF DEATH
(a) County Andrew,
(b) Township
(c) City Savannah,
Registration District No. 13
Primary Registration District No. 4010 Registered No.
(d) Street No. Savannah, Missouri, 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 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maria Amy Tilley,
(a) Residence, No. Savannah, Missouri, St.
(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: 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 Adin Dorrington Tilley,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 6th. 1840
7. AGE: Years 98 | Months 2 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
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) Edmeston, New York,

FATHER
13. NAME ~~Ransom Perkins,~~
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, New York,

MOTHER
15. MAIDEN NAME Maria Tenbrook,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Pennsylvania,

17. INFORMANT Mrs. Lydia Reough
(ADDRESS) Savannah, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand Island, Neb. DATE Dec. 28th., 1938
19. FUNERAL DIRECTOR Frank A. Bowman
(ADDRESS) Savannah, Mo.
20. FILED 12-27, 1938 Mrs A R King Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 27, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 10, 1938, to Dec. 27, 1938
I last saw her alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho-Pneumonia	12/10/38
DTW	

Other contributory causes of importance:
Senility

Name of operation 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) D. E. Methany, M. D.
(Address) Savannah, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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

BGM-7-26-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself Dec 27, 1928

L. E. ✓

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)