

REC'D APR 20 1939

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

11525  
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547  
(b) Township Mason Primary Registration District No. 3029 Registered No. 113  
(c) City Hannibal or (d) Street No. Lexington Hospital 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Baby Tillquist

(a) Residence, No. 2225 Pleasant 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-23-1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
- - 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
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) Hannibal (STATE OR COUNTRY) Mo

FATHER 13. NAME Nels Tillquist

14. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME ESTHER MONTOE

16. BIRTHPLACE (CITY OR TOWN) Hannibal (STATE OR COUNTRY) Mo

17. INFORMANT Nels Tillquist (ADDRESS) 2225 Pleasant Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview Burial Park DATE March-28-1939

19. FUNERAL DIRECTOR (NAME) James O'Donnell (ADDRESS) Hannibal Mo

20. FILED Mar 31 - 1939 W.A. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-27-1939

22. I HEREBY CERTIFY, That I attended deceased from 3-23-1939 to 3-27-1939

I last saw him alive on 3-27-1939 Death is said to have occurred on the date stated above, at 3:40 p.m.  
The principal cause of death and related causes of importance were as follows:

Intrauterine injury, birth Date of onset

Other contributory causes of importance: 160 lb

Name of operation: NO 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) W.A. Fisher, M. D.

(Address) Hannibal Mo

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Michael J. O'Connell*

Licensed Embalmer No. *7246*

P. O. Address *Hannibal, MO*

**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.)**

**If this body is not embalmed, above space should be left blank.**