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

Do not use this space.

JUL 6 1939

1. PLACE OF DEATH

County Howell — Registration District No. 38J — File No. 22272

Township Hutton Valley — Primary Registration District No. 5537 — Registered No.

City Hutton-Valley (No. , St. Ward)

2. FULL NAME Artiller Lilley.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 85 yrs. 6 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 4th. 1853

7. AGE: YEARS 85 — MONTHS 6 — DAYS 19 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-Wife
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): Green County. Missouri

FATHER
13. NAME: Tom Estes. 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee 1

MOTHER
15. MAIDEN NAME: Polly Epps. 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

17. INFORMANT (ADDRESS): Mrs. Ella Horak, Pomona, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Epps Cemetary DATE: 6/24/.39 19

19. UNDERTAKER (ADDRESS): Burns & Son, Willow Springs. Missouri.

20. FILED 6-24 1939 Nanette Ferguson 34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-23-1939

22. I HEREBY CERTIFY, That I attended deceased from 6-23-1939, to 6-23-1939

I last saw her alive on 6-23-1939. Death is said to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1936
93 C	

Other contributory causes of importance:
Senility
Pulmonary edema

Name of operation: None — Date of
What test confirmed diagnosis? Clinical — 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) C. F. Callihan, M. D.
(Address) Willow Springs, 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.

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