

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.

DEC'D JUL 15 1939

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

22299
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township _____ Primary Registration District No. 3019 Registered No. 195
(c) City Independence (d) Street No. 610 West Van Horn 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 19 yrs. 11 mos. 15 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

LILLIE VEAYER MATTHEWS PROCTOR
(a) Residence, No. 610 W. Van Horn St. (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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rev. Lawrence M. Proctor
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 28, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 9 17
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
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) Boone Co. Mo.

FATHER 13. NAME Benjamin P. Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Elizabeth L. Nichols

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashland Boone Co. Mo.

17. INFORMANT Rev L M Proctor (ADDRESS) 610 West Van Horn

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo DATE July 18 1939

19. FUNERAL DIRECTOR W. Mitchell (ADDRESS) Independence, Mo.

20. FILED June 19, 1939 F. L. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to June 15 - _____, 1939
I last saw her alive on June 14 - _____, 1939 Death is said to have occurred on the date stated above, at 3:20 a.m.
The principal cause of death and related causes of importance were as follows:

Cardio-vascular renal disease with cardiac decompensation
Date of onset 12 1/2 years

Other contributory causes of importance:
Shant (12) ago had a large gall stone operate through gall bladder with abscess & blood in urine. No operation on intestines. Removal of gall stones. Date of removal of gall stones? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. Allen _____, M. D.
360 (Address) Independence Mo

STATEMENT BY LICENSED EMBALMER.

I,, Licensed Embalmer No.....

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

..... L. E.

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

working under my personal supervision.

Signed.....

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.)