

MAY 13 1940

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

14711
Do not use this space.

1. PLACE OF DEATH
 (a) County Cooper Registration District No. 218
 (b) Township _____ Primary Registration District No. 3013 Registered No. 38
 (c) City Boonville, Mo. (d) Street No. 303 Spruce Street 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 Mrs. Lillie Tanner
 (a) Residence, No. 303 Spruce Street 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

MEDICAL CERTIFICATE OF DEATH

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 John Tanner
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 30. 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 27
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper
 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) Elsberry, Mo.
 13. NAME Louis Miller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MOSCOW 7
 15. MAIDEN NAME Marie Lawhead
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois 1
 17. INFORMANT John Tanner
 (ADDRESS) Boonville Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sulphur Spgs. Mo. DATE Apr. 28, 1940
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. J. Meister
Boonville Mo.
 20. FILED 5-3 1940 D. Cooper
 Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1940
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 9, 1937 to April 26, 1940
 I last saw her alive on April 26, 1940. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Acute Bronchial Pneumonia
 Date of onset
 Other contributory causes of importance: Anaemia
 Name of operation none 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? 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 _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) M. S. McGuire, M. D.
 (Address) Boonville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

RECEIVED
District Health Officer No. 8,
District File Number
5-10-40
Date filed

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 Ume

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

Signed E. A. Stecklein

Licensed Embalmer No. 3369

P. O. Address Pilot Grove Ia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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