

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.

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

15880  
Do not use this space.

1. PLACE OF DEATH  
(a) County Randolph 2 Registration District No. 735  
(b) Township 0 Primary Registration District No. 3034 Registered No. 94  
(c) City Moberly (d) Street No. \_\_\_\_\_ 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 450 Tony Killion  
(a) Residence, No. 527 N Ault 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 <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Mae Killion</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 2 1896</u>				
7. AGE YEARS <u>44</u>	MONTHS <u>2</u>	DAYS <u>37</u>	If LESS than 1 day, _____ hrs. or _____ min.	
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. <u>Mechanic</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> <u>0</u> (STATE OR COUNTRY)			
	13. NAME <u>William Killion</u> <u>0</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Missouri</u> <u>9</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Unk.</u> (STATE OR COUNTRY)			
17. INFORMANT <u>Ida Mae Killion</u> (ADDRESS) <u>527 N Ault</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oakland Cem</u> DATE <u>April 30</u> <u>40</u>				
19. FUNERAL DIRECTOR (NAME) <u>Paul F Hackney</u> (ADDRESS) <u>924 W End Moberly Mo</u>				
20. FILED <u>4/30</u> , 19 <u>40</u> <u>Arnell Butler</u> <u>Deputy</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>April 29</u> / <u>40</u> , 19	
22. I HEREBY CERTIFY, That I attended deceased from <u>Apr. 27/40</u> to <u>Apr. 29/40</u> I last saw him alive on <u>Apr. 28/40</u> Death is said to have occurred on the date stated above, at <u>12:30</u> . The principal cause of death and related causes of importance were as follows: <u>gastroic hemorrhage from Hodgkins Disease</u> Date of onset <u>Apr. 27/40</u>	
Other contributory causes of importance: <u>none</u>	
Name of operation <u>none</u>	Date of _____
What test confirmed diagnosis? <u>clinical</u>	Was there an autopsy? <u>no</u>
23. If death was due to external cause (violence), fill in also the following: Accident, suicide, or homicide? <u>no</u> 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) <u>R. E. Huber</u> M. D. <u>Moberly, Mo</u> (Address) <u>925</u>	

RECEIVED

District Health Officer No. 10

District File Number 5-40-1056

Date Filed MAY 15 1940

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**