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

JUN 5 1940

17826
Do not use this space.

1. PLACE OF DEATH
(a) County Boone
(b) Township
(c) City Columbia
Registration District No. 73
Primary Registration District No. 3006
Registered No. 93
(d) Street No. Noyes 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 45 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Margaret Frances Tillmann
(a) Residence, No. Canton, Mo. St. Canton, Missouri
(Usual place of abode, if no street address, write county or city) (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 George Tillman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16-1908
7. AGE: Years 32 | Months 1 | Days 17 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home 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) Lewis County Mo.

FATHER
13. NAME Frisby L. Lloyd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo.

MOTHER
15. MAIDEN NAME Laura V. Bash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lewis County Mo.

17. INFORMANT (ADDRESS) George Tillmann Canton, Missouri
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Canton, Mo. DATE May 5 1940
19. FUNERAL DIRECTOR (NAME) Carl E. Barkley (ADDRESS) Canton, Missouri
20. FILED 5/3/1940 Ollie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3 - 1940

22. I HEREBY CERTIFY, That I attended deceased from April 30 -, 1940, to May 3, 1940
I last saw he alive on May 3 -, 1940. Death is said to have occurred on the date stated above, at 3 25 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Exophthalmic Goitre	10 years
Acute Tracheal Obstruction	12 hr.

Other contributory causes of importance:

Chronic Myocarditis	10 yr.

Name of operation Thyroidectomy Date of May 1-1940
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) Karl D. Dietrich M. D.
(Address) Noyes Hospital Columbia Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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.