S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 27447

FILED SEP 9 1948

Registration District No. 326 — Primary Registration District No. 6075 — Registrar's No. 283

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4
6
0

**1. PLACE OF DEATH:**

(a) County: St. Francois

(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 yrs. 5 mos. 4 das. (Specify whether
In this community ..... years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Lincoln 57

(c) City or town: Elsberry 1
(If outside city or town limits, write "RURAL")

(d) Street No.: Unknown 0
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: THOMAS REID KILLAM (KILLIAM)

3. (b) If veteran, name war: None

3. (c) Social Security No.: Unknown

4. Sex: Male 0

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife .....

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: May (Month) 17, (Day) 1904 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 44 | 3 | 12 | ..... hr. ..... min. |

9. Birthplace: Winfield, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business .....

FATHER
12. Name: David Thomas Killam
13. Birthplace: Lincoln County, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Georgetta Reid
15. Birthplace: Lincoln County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Records, State Hospital No. 4
(b) Address: Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-1-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Reid Cem., Elsberry, Mo.

18. (a) Signature of funeral director: Miller Funeral Home
(b) Address: Elsberry, Missouri

19. (a) 8-31-48 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 29
year 1948 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from November 1, 1946 to August 29, 1948
that I last saw him alive on August 29, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to: Bronchopneumonia

Due to: Terminal Pneumonia

Other conditions: Psychosis with Mental Def.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy: No autopsy. 107

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature: John A. Bowman M.D. (M.D. or other) 8-31-48.

Address: State Hosp. #4, Farmington, Mo. Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 948-1136

Date Filed 9-7-48

## 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 Paul K Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington Me

**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, fact should be so stated above.