

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

Do not use this space.

19252

**1. PLACE OF DEATH**

County Henry  
 Township Tax Plevin  
 City Deepwater, MO (No. ....)

Registration District No. 351  
 Primary Registration District No. 4208

File No. ....  
 Registered No. 6  
 St. .... Ward)

**2. FULL NAME**

Lusiana Lilly  
 (a) Residence. No. .... St., .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs.  mos.  da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE White 5.  SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF Simon Lilly  
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 - 1846

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>83</u>	<u>10</u>	<u>12</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House wife  
 (b) General nature of industry, business, or establishment in which employed (or employer)   
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) England  
 (STATE OR COUNTRY)

10. NAME OF FATHER William Lilly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) England  
 (STATE OR COUNTRY)

14. INFORMANT Simon Lilly Jr.  
 (Address) Deepwater, MO

15. FILED 6/17 1930 J. F. Jusell  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 18 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 1 1925, to June 18 1930, and that I last saw him alive on June 18, 1930, and that death occurred, on the date stated above, at 11:10 a.m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:

old age  
and cerebral 13 hrs dur  
162  
 (duration) 1 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) old age  
 (duration) 1 yrs. 0 mos. 0 da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? Not

19. DID AN OPERATION PRECEDE DEATH? 0 DATE OF 710

20. WAS THERE AN AUTOPSY? 710

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) C. H. Sawyer, M. D.  
 , 19 (Address) Deepwater, MO

\*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL W of P Cemetery DATE OF BURIAL 6-18 1930

20. UNDERTAKER Tom Hunt ADDRESS Deepwater MO

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.

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