

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

Do not use this space.

OCT 21 1936

34270

1. PLACE OF DEATH

County Henry  
Township Liberty  
City Lewis Station (No. ....)

Registration District No. 349  
Primary Registration District No. 3-487

File No. 24  
Registered No. ....  
St. .... Ward

2. FULL NAME

Lillie H. Diehl  
(a) Residence, No. Lewis Station, St. .... Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Frank Diehl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 23 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
67 7 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) .....  
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County

MOTHER FATHER 13. NAME Jacob Showalter

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Sarah Bell Beaty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Mo.

17. INFORMANT Frank Diehl (ADDRESS) Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calhoun DATE 9-28 1936

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo.

20. FILED Sept 26 1936 Mrs A. A. Gray By Edith J. Simpson Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-26 1936

22. I HEREBY CERTIFY, That I attended deceased from week 1935, to Sept 26, 1936  
I last saw her alive on Sept 18, 1936. Death is said to have occurred on the date stated above, at 10 A. m.  
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1934  
1/31  
Other contributory causes of importance: arterio-sclerosis kidney 1934

Name of operation none Date of .....  
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) S. B. Hughes, M. D.  
(Address) Clinton, Mo.

