MAR 24 1933

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

Do not use this space.

13

4612

1. PLACE OF DEATH
County Andrew, Registration District No. 13
Township Primary Registration District No. 4010
City Savannah, (No. 401 North 5th. St. Ward)

File No.
Registered No. 16

2. FULL NAME Ann Eliza Tilson,

(a) Residence, No. 401 North 5th. St., Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Byron L. Tilson,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20, 1847

7. AGE: Years 85 | Months 7 | Days 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home,
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew County, Missouri,

FATHER
13. NAME William M. Sitton,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

MOTHER
15. MAIDEN NAME Harriett E. Allen,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee,

17. INFORMANT H. H. Tilson
(ADDRESS) Savannah, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah, Mo. DATE Feb. 23, 1933

19. UNDERTAKER Frank A. Bowman
(ADDRESS) Savannah, Mo.

20. FILED July 23 1933 O. J. Tilson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1933, to Feb 21, 1933

I last saw he alive on Feb 20, 1933 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hem — Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) Walter C. Wyckoff, M. D.
(Address) Lord Auxiliary

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