

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

Do not use this space.

9673

**1. PLACE OF DEATH**

County Jackson Registration District No. 388 File No. \_\_\_\_\_  
 Township Raw Primary Registration District No. 11001 Registered No. 1277  
 City K.C. Mo. (No. St. Marys Hospital) (Ward) \_\_\_\_\_

**2. FULL NAME** Myrtle E. Tillery

(a) Residence, No. 12720 Snow 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**

SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>B. L. Tillery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-12-1893</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>2</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) Texas

FATHER  
13. NAME David France  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jansville Ohio

MOTHER  
15. MAIDEN NAME Ella Glass  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton ark.

17. INFORMANT (ADDRESS) B. L. Tillery 1720 Snow

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Wash. DATE 3-17-33

19. UNDERTAKER (ADDRESS) Mrs. C. L. Foster 718 Brooklyn av.

20. FILED Mch. 16 1933 M. W. Lerowe Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch-15-1933

22. I HEREBY CERTIFY, That I attended deceased from January 26, 1933, to March 15, 1933. I last saw her alive on March 15, 1933. Death is said to have occurred on the date stated above, at 11:55 A.M.

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

Cerebral hemorrhage Date of onset 3 days

Other contributory causes of importance:

Hypertension  
Chronic interstitial nephritis 2 years

Name of operation none Date of \_\_\_\_\_  
 What test, if any, was there an autopsy? yes

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)

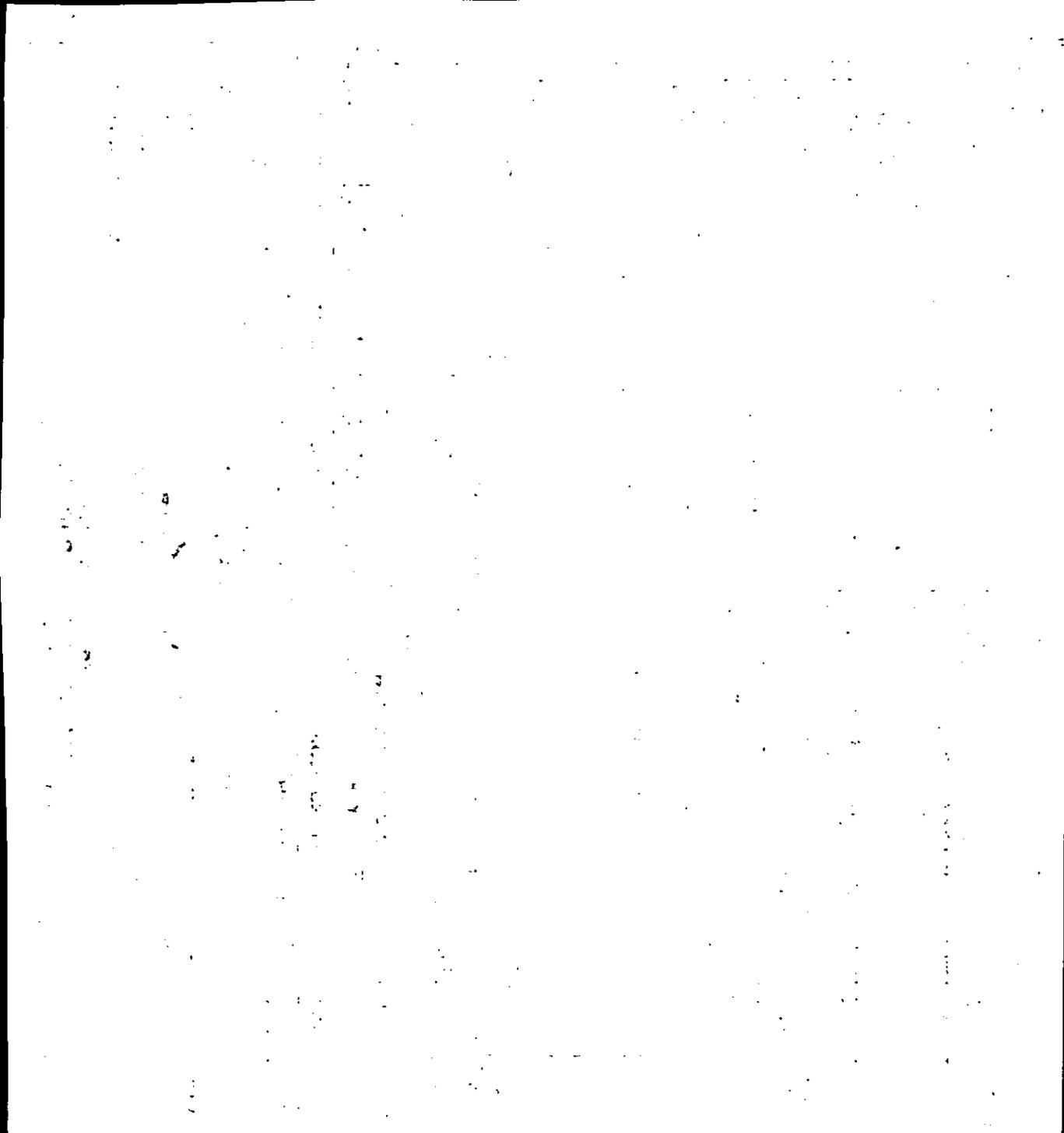
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) C. H. Laurier, M. D.  
 (Address) Medical Arts Bldg

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**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH.  
 County Jackson Registration District No. 399 File No. ....  
 Township Kaw Primary Registration District No. 1992 Registered No. 1277  
 City K6 Mo (No. St. Marys Hospital St. .... Ward)

2. FULL NAME Muriel Jillery  
 (a) Residence. No. 2720 Grove 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 fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 12 1884

7. AGE YEARS MONTHS DAYS 49 2 1 3 if LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work ..... (duration) yrs. mos. ds.  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) ..... 19 .....

17. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19 .....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
 .....  
 CONTRIBUTORY (SECONDARY) ..... (duration) yrs. mos. ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....  
 WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed)....., M. D.  
 , 19 (Address)

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

PARENTS

10. NAME OF FATHER .....

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

12. MAIDEN NAME OF MOTHER .....

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

14. INFORMANT (Address) .....

15. FILED 3/16/33 M. M. Crowe REGISTRAR  
Asst

19. PLACE OF BURIAL, CREMATION, OR REMOVAL ..... DATE OF BURIAL ..... 19 .....

20. UNDERTAKER ..... ADDRESS .....

S-9673