

OCT 10 1934 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

42 County Henry Registration District No. 347 File No. 32618
Township Leesville Primary Registration District No. 5501 A Registered No. 138
City R.F.D. Clinton (No. _____) St. _____ Ward _____

2. FULL NAME James Josua Lile

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 11 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) Clinton Missouri

FATHER
13. NAME Charles Marion Lile
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Jane Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Missouri

17. INFORMANT Maryetta Lile
(ADDRESS) R.F.D. Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE 9-12-1934

19. UNDERTAKER Sims Funeral Home
(ADDRESS) Clinton, Missouri

20. FILED 9-21-1934 J. R. Hampton
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10-1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1934, to Sept 10, 1934
I last saw h. alive on Sept 1, 1934. Death is said to have occurred on the date stated above, at 8 a. m.
The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset Jan 1934
46 B
AG
Other contributory causes of importance: _____

7. Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NA

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? Yes
If so, specify _____
(Signed) J. R. Hampton, M. D.
(Address) Clinton 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

