

MAY 21 1936

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

Do not use this space.

14939

1. PLACE OF DEATH

County HenryRegistration District No. 347

Township

Primary Registration District No. 3018

City

Clinton

(No. _____)

St. _____

Ward _____

2. FULL NAME

James Andy Lile

(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

yrs. _____

mos. _____

ds. _____

How long in U. S., if of foreign birth?

yrs. _____

mos. _____

ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

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

Sept 17 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

6675

OCCUPATION

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.

Farm work

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)

Chillicothe mo

FATHER

13. NAME

John W Lile

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

Chillicothe mo

MOTHER

15. MAIDEN NAME

Louis Parker

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

Chillicothe mo

17. INFORMANT (ADDRESS)

Jabe Hood Clinton mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethlehem Cem DATE 4/24 36

19. UNDERTAKER (ADDRESS)

Consoler & Peas Clinton mo

20. FILED

May 1 1936 J. B. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from

March 1 1936 to April 22 1936I last saw him alive on April 20 1936. Death is saidto have occurred on the date stated above, at 11:15 P.M.

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

Cerebral embolism

Date of onset

Apr 22/36

Other contributory causes of importance:

Chronic myocarditis with heart block

Name of operation _____

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. Hurler, 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.

THIS IS A PERMANENT RECORD

