

REC'D JUL 1

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

21514

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
(b) Township 1 Primary Registration District No. 3006 Registered No. 137
(c) City Columbia (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

525 FANNIE Tillery DUNCAN
(a) Residence, No. 302 Price Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Chas. B. Duncan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-15-1855</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>5</u>
	DAYS <u>12</u>	IF LESS than 1 day,hra. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housekeeper</u>	
	9. Industry or business in which work was done, as 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) <u>Columbia, Mo.</u>		
FATHER	13. NAME <u>Wm H. Tillery</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
MOTHER	15. MAIDEN NAME <u>Lissy Robinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>	
17. INFORMANT (ADDRESS) <u>Mrs Beryl Clark</u> <u>Columbia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cem.</u> DATE <u>June 28 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Parbers</u>		
20. FILED <u>6/28/39</u> <u>Allice Selbyn</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1939

22. I HEREBY CERTIFY That I attended deceased from June 25 1939, to June 27 1939
I last saw her alive on June 27 1939 Death is said to have occurred on the date stated above, at 12:30 pm.
The principal cause of death and related causes of importance were as follows:
pernicious - chronic interstitial nephritis -
Date of onset 21

Other contributory causes of importance:
Arteriosclerosis and senility -

Name of operation _____ Date of _____
What test confirmed diagnosis? N.P.N. 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? Yes
If so, specify _____
(Signed) George O'Keefe M. D.
74 (Address) Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

....., Registered Apprentice No.
working under my personal supervision.

Signed Tom McHardy

Licensed Embalmer No. 4067

P. O. Address Columbia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.