No. 300
—10-47
5-17-39
P-I-3906

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 16 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29389

Registration District No. 182

Primary Registration District No. 4174

Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Cardwell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin 35

(c) City or town Cardwell
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Syntha Jane Tilly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife John Tilly

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased September (Month) 3 (Day) 1877 (Year)

8. AGE: Years 70 Months 11 Days 30 If less than one day hr. min.

9. Birthplace (City, town, or county) Miss (State or foreign country)

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Martin
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Tokie Ervin
15. Birthplace Lake City, Arkansas (City, town, or county) (State or foreign country)

16. (a) Informant John Tilly
(b) Address Cardwell, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 9-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Cardwell

18. (a) Signature of funeral director A. J. Emerson
(b) Address Paragould, Arkansas

19. (a) Sept 8-1948 (Date received local registrar) (b) E. L. Harrison (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 2 year 1948 hour 11 minute 00 a.M.

21. I hereby certify that I attended the deceased from Aug 1st 1948, 1948, to Sept 2, 1948 that I last saw her alive on Sept 1st, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chronic Myocarditis

Due to Senility

Other conditions (Include pregnancy within 3 months of death) 93 D

Major findings:
Of operations no operation
Of autopsy no autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? — (Specify type of place)

While at work? (e) Means of injury —

23. Signature W. E. Ellington (M. D. or other)

Address Paragould Ark. Date signed 9-3-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 948-1148
Date Filed 9-13-48

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.

No. 2B
M—3-45
I X43880

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Oct

Registration District No. 102 Primary Registration District No. 4174 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Cardwell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Synthe J. Tilly

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept 3 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 3 If less than one day hr. min.

9. Birthplace Tallahatchie (City, town, or county) Miss. (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month day
year hour minute M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

S-29389