

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

Do not use this space.

24160

1. PLACE OF DEATH

County Day
Township Richmond
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 54
St. _____ Ward _____

2. FULL NAME

Cora Pauline 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 Fe 4. COLOR OR RACE col. 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) July 5 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>2</u> hrs. or <u>20</u> min.
	0	0	0	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Day Co.
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Roe Lile

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

12. MAIDEN NAME OF MOTHER Maudie William

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

14. INFORMANT Roe Lile
(Address) Richmond Mo

15. FILED 7-10-33 E. E. Day REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1933

17. I HEREBY CERTIFY, That I attended deceased from July 5 1933 to July 9 1933 that I last saw him alive on July 5 1933 and that death occurred, on the date stated above, at 3:20 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth
159 (duration) yrs. 159 ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS None
(Signed) P. D. Green, M. D.

, 19 (Address) Richmond Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Richmond Mo DATE OF BURIAL 7/5/33 19

20. UNDERTAKER C. M. Jones ADDRESS Richmond 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.

JUL 25 1933

PARENTS

