

FEB 25 1927

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

Do not use this space.

877

1. PLACE OF DEATH

County Holt Registration District No. 374  
Township Mad City Mo Primary Registration District No. 4218  
City Mad City Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Willard F Learni

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF Carrie A Merriam  
(OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20<sup>th</sup> 1858

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>4</u>	<u>6</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Madison Mills, Ind.  
(STATE OR COUNTRY)

10. NAME OF FATHER Keller Learni

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cathrin Hoeker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

14. INFORMANT Mrs Carrie Learni  
(Address) Madison City Mo.

15. FILED 1-8-27 J. O. Berry REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 6 1927 to Jan 6 1927  
that I last saw him alive on Jan 5 1927 and that death occurred, on the date stated above, at 7 PM m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis

CONTRIBUTORY (SECONDARY) 91B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH: \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Physical & ex & histology

(Signed) D. H. Perry M. D.

(Address) Madison City 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 Madison DATE OF BURIAL 1-8 1927

20. UNDERTAKER W. H. Crawford ADDRESS Madison City 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.

