APR 27 1927 Brown

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

Do not use this space.

8939

1. PLACE OF DEATH

County Marion — Registration District No. 547

~~Township~~ Mason — Primary Registration District No. 3029

City Hannibal (No. 2009 Hope Ave. St. 6 Ward)

File No.

Registered No. 70

2. FULL NAME Edward Clement Willey

(a) Residence. No. 2009 Hope Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
XX HUSBAND OF (OR) WIFE OF Sarah J. Willey

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	7	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Stove Molder
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Thos. K. Willey

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

12. MAIDEN NAME OF MOTHER Mary G. Haslett

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

14. INFORMANT Sarah J. Willey
(Address) 2009 Hope Ave. Hannibal, Mo.

15. FILED 3/4 1927 O E Stode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 3 1927

17. I HEREBY CERTIFY, That I attended deceased from 1/15, 1927, to 3/3, 1927, that I last saw h. m. alive on 3/3, 1927, and that death occurred, on the date stated above, at 4:30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A

31

(duration) 1 mo. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) J. J. Bourn M. D
3/3, 1927 (Address) Hannibal 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	DATE OF BURIAL
Mt. Olivet	3/6/27

20. UNDERTAKER	ADDRESS
Wm M. Smith	Hannibal

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.