CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

28136

1. PLACE OF DEATH

County St Charles — Registration District No. 757 — File No.

Township Dardenne — Primary Registration District No. 3036 — Registered No. 142

City St Charles Mo (No. ..... St. ..... Ward)

2. FULL NAME Francis Willett

(a) Residence. No. ..... St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Female
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~ (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 69 Feb 21 - 1858

7. AGE: Years 69 — Months Feb — Days 21 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy Mo

PARENTS
10. NAME OF FATHER: Joseph Hunn
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St Peters Mo
12. MAIDEN NAME OF MOTHER: Madline Kline
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): France

14. INFORMANT: J. R. Willett (Address)

15. FILED 9-17, 1927 Otto Bockemeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Sept 14, 1927, that I last saw h. ... alive on Sept 14, 1927, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Arteria Sclerosis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. Jenkins, M. D.
, 19 (Address) St Charles, 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: St Peters — DATE OF BURIAL: Sept 17 1927

20. UNDERTAKER: Harvey Nahlhausen — ADDRESS: St Peters Mo