

MAR 21 1928

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

Do not use this space.

6130

1. PLACE OF DEATH

County St. Francois  
Township St. Francois  
City Near Farmington (No. ....)

Registration District No. 773  
Primary Registration District No. 6018A

File No. ....  
Registered No. 15 St. .... Ward)

2. FULL NAME Mrs. Tisha Wills

(a) Residence. No. State Hospital No. 4 St. .... Ward. Oak Ridge, Mo  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 2 mos. 26 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 Marshal Wills

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 31, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
55 6 4

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Near Daisy, Mo  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER David Crites

11. BIRTHPLACE OF FATHER (CITY OR TOWN) C. Girardeau  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Adeline Seabaugh

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bollinger Co  
(STATE OR COUNTRY) Missouri

14. INFORMANT Hospital Records  
(Address) Farmington Mo

15. FILED 2-4-28 19...0... P. J. Robinson  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-4-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Feb 4, 1928, that I last saw her alive on Feb 3, 1928, and that death occurred, on the date stated above, at 3:30 A.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Diabetes Mellitus

57  
57

CONTRIBUTOR (SECONDARY) ..... (duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH? .....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No .....

WHAT TEST CONFIRMED DIAGNOSIS? Lab.

(Signed) Chas R. Binner M. D.

2-4-28 State Hospital No. 4

\*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 New Salem Cemetery DATE OF BURIAL Feb. 5, 1928

20. UNDERTAKER J. W. McCombs ADDRESS Jackson, 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.

