

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

Do not use this space.

15889

15619

1. PLACE OF DEATH

County Vernon Registration District No. 875 File No. _____
 Township Washington Primary Registration District No. 6102 Registered No. 112
 City Waverly (No. _____) St. _____ (Ward)

2. FULL NAME

(a) Residence. No. Hosp. # 3 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. 2 / ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 (OR) WIFE OF Minnie Wilard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New York (STATE OR COUNTRY) N.Y.

PARENTS

10. NAME OF FATHER Dewitt C. Wilard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York (STATE OR COUNTRY) N.Y.

12. MAIDEN NAME OF MOTHER Lavinia P. Sanders

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York (STATE OR COUNTRY) N.Y.

14. INFORMANT Wm. J. Malley (Address) Cassville Mo.

15. FILED Apr. 10, 1928 E. P. Krieg REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar. 19, 1928, to Apr. 10, 1928 that I last saw him alive on Apr. 10, 1928, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

930
Arteriosclerosis
 (duration) 5 yrs. mos. ds.
 CONTRIBUTORY Chronic myocard. (SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DEATH CERTIFIED? 708 IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____ WAS THERE AN AUTOPSY? no WHAT TEST CONFIRMED DIAGNOSIS? clinical (Signed) J. J. O'Dell, M. D.

Apr. 10, 1928 (Address) Nevada 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 Cassville Missouri DATE OF BURIAL 4/13/28

20. UNDERTAKER Terry Funeral Home ADDRESS Nevada 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.

