WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

16232

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 624

Township — Primary Registration District No. 1001 — Registered No.

City St. Joseph, (No. 3rd. Floor, Tootle Building, St. Ward)

2. FULL NAME Mae Elizabeth Wills

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

Length of residence in city or town where death occurred yrs. mos. 1 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): Widowed,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 2, 1878

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
50	1	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Napa City,
(STATE OR COUNTRY) California,

PARENTS

10. NAME OF FATHER Henry Sanders,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Canada,

12. MAIDEN NAME OF MOTHER Sarah Walters,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Napa City,
(STATE OR COUNTRY) California,

14. INFORMANT Mrs. F. G. Caldwell
(Address) 125 South 20th. Street.

15. FILED MAY 15 1928 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12, 1928

17. I HEREBY CERTIFY, That I attended deceased from 5-12-28, 19, to 5-12-28, 19, that I last saw her alive on 5-12-28, 19, and that death occurred, on the date stated above, at 3:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral regurgitation

90 A

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Paul Forgrave, M. D

May 12, 1928 (Address) St Joseph, 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: Stewartsville, Mo. via Auto

DATE OF BURIAL: May 14 1928

20. UNDERTAKER: Heaton-BeGole & Bowman by J. W. Karle

ADDRESS: 318 S. 10 St. Funeral Home