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

Do not use this space.

19569

1. PLACE OF DEATH
County Scott — Registration District No. 818 — File No.
Township Tywapity — Primary Registration District No. 5762 — Registered No. 32
City (No. St. Ward)

2. FULL NAME Lewis Marion Wills

(a) Residence. No. 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: Male
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: Mary Jane Wills

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 5th 1857

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
71	2	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: retired and with relatives
(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): Daisey, Mo.

PARENTS
10. NAME OF FATHER: Jacob Wills
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. Carlina
12. MAIDEN NAME OF MOTHER: Welker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Behlys, Mo.

14. INFORMANT: C H Wills
(Address): Benton Mo

15. May 28, 1928 F S Vernon
REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5-26 1928

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1928, to May 10th, 1928, that I last saw him alive on May 16, 1928, and that death occurred, on the date stated above, at 5-40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
27A
26B 97
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Tuberculosis of bones
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Uriel P. Haw, M.D.
, 19 (Address) Benton 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: Pollard Cemetery — DATE OF BURIAL: 5-27 1928

20. UNDERTAKER: Blodgett Merc Co — ADDRESS: Blodgett 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.