

OCT 26 1928

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

Do not use this space.

30840

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. _____
Township Jefferson Primary Registration District No. 1200 Registered No. 412
City Joplin No. 114 (Ward) _____ St. _____ (Ward)

2. FULL NAME

R. D. 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1848

7. AGE YEARS 80 MONTHS 2 DAYS 13 H LESS than 1 day, _____ hrs. or _____ min. 9

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) Retired
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Louis Wills

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Mary Spain

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Scotland

14. INFORMANT (Address) J. F. Wills
Richard O. Fisher

15. FILED 9-27-28 A. Benson CLERK
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1928

17. I HEREBY CERTIFY, That I attended/deceased from Sept 1st 1928, to Sept 25, 1928, that I last saw him alive on Sept 23rd, 1928, and that death occurred, on the date stated above, at 8-25 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uremic toxaemia
Organic heart disease
Valvular incompetency (duration) 8 yrs. 8 mos. 25 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Robert S. Wills M.D.
, 19 (Address) Quaska, 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 DATE OF BURIAL
Wheeler Co. 9-27-28
Swartz Prairie

20. UNDERTAKER ADDRESS
Wheeler Co. Joplin 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.

RECORDS—THIS IS A PERMANENT RECORD

