1 24 1928

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

Do not use this space.

35869

1. PLACE OF DEATH
County Warren — Registration District No. 881 — File No.
Township Elkhorn — Primary Registration District No. 6171 — Registered No. 39
City (No. , St. Ward)

2. FULL NAME Mary Willing
(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.

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.

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: William Willing

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 4th 1856

7. AGE: Years 72 — Months 3 — Days 17 — If LESS than 1 day, hrs. or min.

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) (STATE OR COUNTRY): Warren Co., Missouri

PARENTS
10. NAME OF FATHER: Herman Feith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Nob Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Nob Known

14. INFORMANT: Herman Willing
(Address): Warrenton Mo R4 Ed

15. FILED Oct 23, 1928 A W Ehling REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 21st 1928

17. I HEREBY CERTIFY, That I attended deceased from March 1st, 1928, to Oct 21, 1928, that I last saw her alive on Oct 20, 1928, and that death occurred, on the date stated above, at 4/30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Liver and Stomach
4 W B
4 W B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Abdominal Dropsy
4 W B (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) John H Dyer, M. D
Oct 21, 1928 (Address) Wood Ridge 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: Warrenton City Cemetery — DATE OF BURIAL: 10/23 1928

20. UNDERTAKER: F W Nieberg — ADDRESS: Warrenton Mo