

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

Do not use this space.

2588

**1. PLACE OF BIRTH**

County Monroe

Registration District No. 582

File No. 2588

Township Paris

Primary Registration District No. 4344

Registered No. 3

City Paris (No.       )

St.        Ward       

**2. FULL NAME**

Dorthea Marie 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. 11 mos. 7 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) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 29, 1917

7. AGE YEARS MONTHS DAYS 11 8 18 If LESS than 1 day,        hrs. or        min.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work none (b) General nature of industry, business, or establishment in which employed (or employer)        (c) Name of employer       

9. BIRTHPLACE (CITY OR TOWN) Paris (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Alvin Wills

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

12. MAIDEN NAME OF MOTHER Fannie May James

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

14. INFORMANT Alvin Wills (Address) Paris Mo.

15. FILED 1/18 1929 W. C. Payne REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 17, 1929

17. HEREBY CERTIFY, That I attended deceased from Jan. 17, 1929, to Jan. 17, 1929 that I last saw her alive on Jan. 17, 1929, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS: Acute Dilatation of Heart

9010 (duration) yrs. mos. 17 ds. CONTRIBUTORY (SECONDARY)        (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no. DATE OF       

20. WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical (Signed) M. C. Mc Murry, M. D. 1/18, 1929 (Address) Paris 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 Walnut Grove DATE OF BURIAL Jan. 19 1929

20. UNDERTAKER Speed & Blakey ADDRESS Paris 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.

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