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

Do not use this space.

9106

1. PLACE OF DEATH
County Saline — Registration District No. 749
Township Cambridge — Primary Registration District No. 4479
City Slater (No. ... St. ... Ward)

File No. ...
Registered No. 10

2. FULL NAME Mrs. Louise Willis Durrett

(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.

MAR 27 1929

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Richard Durrett

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 10-10th-1860

7. AGE: Years 68 | Months 3 | Days 22 | 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): Saline Co. Mo.

PARENTS

10. NAME OF FATHER: Geo. Willis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Va
12. MAIDEN NAME OF MOTHER: Margerie Fish
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): ...
(STATE OR COUNTRY): Mo.

14. INFORMANT: Mrs. Emma Butchinson
(Address): Slater. Mo.

15. FILED: 2-2, 1929 W. M. Tuttle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 2-2 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug, 1926, to Feb-2-, 1929 that I last saw b. alive on Feb-1-, 1929, and that death occurred, on the date stated above, at 1-a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes Mellitus
59
57
(duration) 4 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) ...
(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? Laboratory

(Signed) M. C. Duggins, M. D
, 19 (Address) Slater 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: Slater City Cemetery — DATE OF BURIAL: 2-3 1929

20. UNDERTAKER: Hill Brothers — ADDRESS: Slater

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.

2-1-2335