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

Do not use this space.

18614

JUN 26 1929

1. PLACE OF DEATH

County: Laclede — Registration District No. 145-3 — File No.

Township: Gasconade — Primary Registration District No. 5614 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME: Timothy Willard

(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)

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ethel Cory — widowed

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 25 1841

7. AGE: Years 87 — Months 8 — Days 24 — If LESS than 1 day, ... hrs. or ..... min.

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): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clark Co Ill

PARENTS

10. NAME OF FATHER: Pyrrian Willard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

12. MAIDEN NAME OF MOTHER: Sarah Hardy

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

14. INFORMANT: Elzora Hamilton
(Address) .....

15. FILED 5/25/1929 — L D Hartley — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 14 1929

17. I HEREBY CERTIFY, That I attended deceased from May 14, 1929, to May 14, 1929, that I last saw h. alive on May 15, 1929, and that death occurred, on the date stated above, at 6:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Peritonitis
131
129 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) 4 yrs. ..... 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) L D Hartley, M. D
, 19 (Address) Nelo 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: Mt Carney Cemetery — DATE OF BURIAL: May 20 1929

20. UNDERTAKER: R B Tilley — ADDRESS: Plato 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.