25 1929

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

Do not use this space.

28234

1. PLACE OF DEATH
County La Fayette — Registration District No. 461 — File No. 72
Lexington — Primary Registration District No. 3024 — Registered No.
City — (No. ..... St. ..... Ward)

2. FULL NAME William Albert Willard
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Virgie Willard
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25 1870
7. AGE: Years 58 | Months 10 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 120 127
(b) General nature of industry, business, or establishment in which employed (or employer) 129
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
PARENTS
10. NAME OF FATHER John D. Willard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Illinois
12. MAIDEN NAME OF MOTHER Vadnia Decker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.
14. INFORMANT Virgie Willard (Address) Lexington Mo.
15. FILED Aug 30, 1929 J. D. Cope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 29 1929
17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 19..., to Aug 29 1929, that I last saw him alive on Aug 29 1929, and that death occurred, on the date stated above, at 4:30 P.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Perforation Bowel General Peritonitis
(duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) Enteric Colitis
(duration) yrs. 6 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) B. Payne M. D.
Aug 30 1929 (Address) Lexington 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: Lexington Mo — DATE OF BURIAL: Aug 31 1929
20. UNDERTAKER: Ernest Fegert — ADDRESS: Lexington Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state