

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

Do not use this space.

31227

78

PLACE OF DEATH

County Lafayette
Township Leunston
City Leunston (No. _____)

Registration District No. 461
Primary Registration District No. 3024

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Viola May Willard

(a) Residence. No. _____ St. _____ Ward _____
(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. (If nonresident give city or town and State)

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 OR (OR) WIFE OF Delbert Willard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 16, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
15 | 2 | 16

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) At Home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Chas. Guillou

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Osage City
(STATE OR COUNTRY) Kansas

12. MAIDEN NAME OF MOTHER Christina

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

14. INFORMANT Chas. Guillou
(Address) Leunston Mo

15. Sept 16, 1929 J. D. Cope
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1929

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1929, to Sept 25, 1929
that I last saw her alive on Sept 15, 1929 and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious vomiting in pregnancy

1 1/2 (duration) yrs. mos. ds.
CONTRIBUTORY Exhaustion and heart
(SECONDARY) Colapse (Dilatation)
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept. 25, 1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. D. Cope, M. D.
Sept 26, 1929 (Address) Leunston

*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 Leunston Mo DATE OF BURIAL Sept 27 1929

20. UNDERTAKER Conest Fegert ADDRESS Leunston Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Oct 27 1929

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