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

Do not use this space.

36667

1. PLACE OF DEATH

County Clinton — Registration District No. 206 — File No.

Township — Primary Registration District No. 4124 — Registered No. 22

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

Willie Katharine Willis.

2. FULL NAME Willie Kathrine Carter Willis

(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 62 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. S. Willis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15-1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	62	1	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer) Genl household
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Clinton county
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER William Riley Carter
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Martitia Estelline McCray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Clay Co.
(STATE OR COUNTRY)

14. INFORMANT Minnie Bennett
(Address) Cameron Missouri

15. FILED 11-8-, 1929 J. T. Kinsey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 1- 1929

17. I HEREBY CERTIFY, That I attended deceased from May-25-, 19 29, to Nov-1-, 19 29, that I last saw her alive on Nov. 1-, 19 29, and that death occurred, on the date stated above, at 12-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) 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) J. J. Lonsfield, M. D
11-2-, 1929 (Address) Lathrop, 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 Lathrop Cemetery — DATE OF BURIAL Nov. 2 1929

20. UNDERTAKER Lee Moss Crank — ADDRESS Lathrop 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.

WRITE PLAINLY, WITH UNFADING INK.