39

SEC 19 1929

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.

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

Do not use this space.

36878

1. PLACE OF DEATH
County Greene
Township
City Springfield
Registration District No. 318 D Lee Cox
Primary Registration District No. 2001
(No. 517 S. Campbell St. Ward)
File No.
Registered No. 821

2. FULL NAME Wm. B. Willison
(a) Residence. No. 517 S. Campbell St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: mw
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dort Lwow

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan. 17 1838

7. AGE: Years 79 | Months 10 | Days 2 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retd 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): Mo.

PARENTS
10. NAME OF FATHER: B W Willison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Dort Lwow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Joseph B Willison
(Address) 517 S. Campbell Ave.

15. FILED 11-12, 1929 Lou Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11 — 9 — 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov. 7, 1929, to 11 — 9 — 1929, that I last saw him alive on 11 — 9 — 1929, and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

950 Cerebral Hemmorrhage
821

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Heart Disease

(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

11/11 — 1929 (Signed) Lee Cox, M. D
(Address) Springfield 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: Koshkonong Mo.
DATE OF BURIAL: 11-12 1929

20. UNDERTAKER: W L Warne
ADDRESS: Walnut Springfield

829