MAR 24 1933

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.

3966

1. PLACE OF DEATH

County: Audrain — Registration District No.: 24 — File No.:

Township: Salisbury — Primary Registration District No.: 5034 — Registered No.: 19

City: Mexico No. 470 (No. ..... St. ..... Ward)

2. FULL NAME: Louisa Willingham

(a) Residence. No. R.F.D. Mexico Mo. 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: Female

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: W. P. Willingham

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 22. 1870

7. AGE: Years 59. Months 5 Days 13 If LESS than 1 day, ... hrs. or ..... min.

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):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stanton, Ill.

PARENTS

10. NAME OF FATHER: Jacob Mongler

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

12. MAIDEN NAME OF MOTHER: Mary Fisher

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

14. INFORMANT: Clara Gardner
(Address): Mexico Mo

15. FILED: Feby 7th 1930 Ira S Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 5th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 27, 1930, to Feb. 5th, 1930 that I last saw her alive on Feb. 5th, 1930, and that death occurred, on the date stated above, at 9 20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia lobar bilateral
109

1010 (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) ..... (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) R. L. Williams, M. D.
, 19 (Address) Mexico 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: Sunny Chuch. DATE OF BURIAL: 2-8 1930

20. UNDERTAKER: H. A. Prewitt Firm ADDRESS: Mexico Mo