

MAY 20 1930

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

Do not use this space.

7513 L
7513 A

1. PLACE OF DEATH

County Wayne
Township Jefferson
City Paris (No.)

Registration District No. 10 20
Primary Registration District No. 6191

File No.
Registered No.
St. Ward)

2. FULL NAME Chap Willis

(a) Residence. No. St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1930

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

17. I HEREBY CERTIFY That I attended deceased from my 1928 to Feb 26 1930 that I last saw him alive on Feb 11 1930, and that death occurred, on the date stated above, at 11 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-1867

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular Lesions of Heart

7. AGE YEARS 63 MONTHS 10 DAYS 19 If LESS than 1 day, hrs. or min.

92A (duration) 1 yrs. 4 mos. 2 ds.

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

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? DID AN OPERATION PRECEDE DEATH? DATE OF

10. NAME OF FATHER William Willis

19. PLACE OF BURIAL, CREMATION, OR REMOVAL M.C. Lee Cemetery DATE OF BURIAL 2-28 1930

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

20. UNDERTAKER W.J. Williams ADDRESS Arab Mo

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT Earl Willis (Address) Arab Mo

15. FILED ap 24 1930 G.W. Kimmel REGISTRAR

N. B.—Every item of information furnished hereon is subject to inspection and use by the State Board of Health in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

