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

Do not use this space.

23663

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 64
Township " " — Primary Registration District No. 5-802 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Andrew Samuel 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Laura Willis

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

7. AGE — YEARS: about 66 — MONTHS: — DAYS: Ct. — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid Co (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Thomas Willis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ga
12. MAIDEN NAME OF MOTHER Elizabeth Malidy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT J. V. Willis
(Address) Marston, Mo

15. FILED 8/1/1930 W. O. Bannon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-31 1930

17. I HEREBY CERTIFY, That I attended deceased from 28 July, 1930 to July 31st, 1930 that I last saw him alive on July 31st, 1930, and that death occurred, on the date stated above, at 12 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Malaria
38
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 5
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. L. Diggs, M. D.
, 19 (Address) New Madrid

*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: New Madrid Co — DATE OF BURIAL: 8-1 1930

20. UNDERTAKER: Richards Und Co — ADDRESS: New Madrid

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD