

**MISOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24152

1. PLACE OF DEATH

County St. Louis
Township Central
City Overland

Registration District No. 789
Primary Registration District No. 6033

File No.
Registered No. 185
St. Ward)

2. FULL NAME

(a) Residence. No. Nellie Willbanks
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. Asbury & Carterway St. Ward.

(If nonresident give city or town and State)

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 Andy Willbanks

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 | 6 | - | - | -

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) Fayette, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Geo. W. Tuggle

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

12. MAIDEN NAME OF MOTHER Birdie Richards

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

14. INFORMANT Andy Willbanks
(Address) Asbury & Carterway

15. FILED 7/2 1930 Paul Brass, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1 1930

17. I HEREBY CERTIFY, That I attended deceased from 19....., 19....., to 19....., 19....., and that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute degeneration of the heart.

9 YR (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Unknown

18. WHERE WAS DISEASE CONTRAICTED Overland Mo
NEXT PLACE OF DEATH.....

(DID AN OPERATION PRECEDE DEATH? no DATE OF.....)

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Certify

(Signed) John Council M. D.
7/2 1930 (Address) Overland & Paris County

*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 Rockport, Mo. DATE OF BURIAL 7/5 1930

20. UNDERTAKER Brunnman Bros ADDRESS Overland, 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. AUG 26 1930

