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

Do not use this space.

40134

JAN 20 1931

1. PLACE OF DEATH

County Mississippi — Registration District No. 566 — File No.

Township Innospelle — Primary Registration District No. 3030 — Registered No. 104

City Charleston (No. ..... St. ..... Ward)

2. FULL NAME Babe Wills

(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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
M	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Near 1876

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Near	51			

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) Unknown
(STATE OR COUNTRY) Louisiana

PARENTS

10. NAME OF FATHER Phil Wills

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Hattie Wills
(Address) Charleston Mo. R7D2 Box 60

15. FILED Dec 14th 1930 Frank A Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 10 P.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-13 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1930, to Dec. 13, 1930 that I last saw him alive on Dec. 9, 1930, and that death occurred, on the date stated above, at 10 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial Nephritis
131
[illegible]
(duration) 1 yrs. or more mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 1 yrs. or more 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) W. S. Love, M. D.
12/14, 1930 (Address) Charleston 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	DATE OF BURIAL
Oak Grove	12-14 1930

20. UNDERTAKER	ADDRESS
Lair Und Co. [signature]	Charleston, 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.