

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

Do not use this space.

5267

1. PLACE OF DEATH

County Harrison
Township Clay
City (No. _____) _____

Registration District No. 335
Primary Registration District No. 5470

File No. _____
Registered No. 2
St. _____ Ward _____

2. FULL NAME

Theodore Garby 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
25 5 6

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) (STATE OR COUNTRY) Harrison Co. Mo.

10. NAME OF FATHER Eme Newton Willis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co. Mo.

12. MAIDEN NAME OF MOTHER Anna Bell Heidore

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

14. INFORMANT Mrs. Emeline Willis
(Address) Parisville, Mo.

15. FILED 3/10/31 L. J. Master REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) FEB. 12 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
_____ 19____ to _____ 19____
that I last saw h. _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ about _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide - used 22 Hamilton Rifle
22 short cartridge - entered left temple.
Temporary - mental unbalance
Perhaps from worry (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) X 167
(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) W. A. Beeth D.D. Coroner of Harrison Co. Mo.
, 19____ (Address) Bethany Mo. - 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 Hughes Cemetery DATE OF BURIAL Feb 15 1931

20. UNDERTAKER H. F. Henderson ADDRESS Parisville, Mo.

N. B.—Every item of information 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.

