

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

Do not use this space.

9432

1. PLACE OF DEATH
 36 County Franklin Registration District No. 297
 8 Township Washington Primary Registration District No. 3016
 9 City Washington Hospital St. _____ Ward _____

2. FULL NAME Lucia Jane Will
 (a) Residence, No. Sullivan Mo. St. Washington (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred St. Francis Hospital, Washington yrs. 1 mos. 1 ds. 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 Raymond Will

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1908

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>22</u>	<u>9</u>	<u>16</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 535

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Mo.

FATHER

13. NAME Geo. Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER

15. MAIDEN NAME Lucinda Yankey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Raymond Will, Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Yellow Cemetery DATE March 16, 1931

19. UNDERTAKER (ADDRESS) Thos O Shaffer, Sullivan, Missouri

20. FILED Apr. 7, 1931 C. L. Linn Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1931 to March 14, 1931
 I last saw her alive on March 14, 1931. Death is said to have occurred on the date stated above, at 12:40 a. m.
 The principal cause of death and related causes of importance were as follows:
Premature labor due to dead child 7 months Date of onset 3-10-31
Placenta Percreta
147A
141
143A/144W
 Other contributory causes of importance anemia

Name of operation Forcep Delivery Date of 3-14-31
 What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Walter P. Mattox, M. D.
 (Address) Sullivan Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 21 1931

