# BUREAU OF VITAL STATISTICS
## CERTIFICATE OF DEATH

File No. 22129
Registered No.

Registration District No. 6
Primary Registration District No. 5760

1. PLACE OF DEATH
County: Mayfield
Township: Dresden
City: (No. ..... St. ..... Ward)

2. FULL NAME: Anna Marie Willis

(a) Residence. No. ..... St., ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb 11-1930

7. AGE: Years 1 | Months 3 | Days 29 | If LESS than 1 day, ..... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Dunnigan
(STATE OR COUNTRY): Ky.

PARENTS
10. NAME OF FATHER: Grover Cleveland Willis
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mulberry
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Stella Varner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Millco
(STATE OR COUNTRY): Mo

14. INFORMANT: Mrs Varner
(Address): Tuscumbia

15. FILED 6/11 1931 John G. Schweitzer
REGISTRAR

### MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 6 10 1931

17. I HEREBY CERTIFY, That I attended deceased from 6-10-31, 1931, to 6-10, 1931 that I last saw h. alive on 6-9, 1931, and that death occurred, on the date stated above, at 12-15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hereditary - T. B.
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NO
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF
WAS THERE AN AUTOPSY? NO
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) J. H. Dickus, M. D.
6/11, 1931 (Address) Tuscumbia

*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: Tuscumbia Mo
DATE OF BURIAL: 6/11 1931

20. UNDERTAKER: C B Wright
ADDRESS: Dunnigan

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.

WRITE PLAINLY, WITHOUT ABBREVIATIONS

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

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....

Township..... Primary Registration District No..... Registered I

City..... (No....., .....St.

**2. FULL NAME**.....

(a) Residence. No.....St., .....Ward. .....
(Usual place of abode) (If nonresident, give

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth?

## PERSONAL AND STATISTICAL PARTICULARS

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| | | |

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(OR) WIFE OF

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, .....hrs. or .....min. |
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(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.
INFORMANT.....
(Address)

15.
FILED....., 19..... .....
REGISTRAR

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.....
..... (duration

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