

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

Do not use this space.

28345

1. PLACE OF DEATH

County Jackson
Township Hann
City Kennett (No. 1601 Myandotte)

Registration District No. 399
Primary Registration District No. 1003

File No. _____
Registered No. 5773
St. W.P. Ward

2. FULL NAME

Ross A. Willard
(a) Residence, No. 1601 Myandotte St. Ward 3
(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) Married

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

Ava Willard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 23-1883

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. min.
	<u>47</u>	<u>9</u>	<u>21</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Stephen Willard

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

12. MAIDEN NAME OF MOTHER No Record

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

14. INFORMANT Ava Willard
(Address) 1601 Myandotte Ave

15. FILED 9/14/1931 M. M. Crowe
REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1927 to Aug 14 1931
that I last saw him alive on Aug 14 1931, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis with Hemoptage
23 B (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 23 B (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 Albino Smear

(Signed) J. H. Jennett M. D.

8-14, 1931 (Address) Asst Supt R.C. Gen. Hosp

*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 Marshall's Maus DATE OF BURIAL 8-15, 1931

20. UNDERTAKER Mrs. C. L. Foster ADDRESS R.C. 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.

RECORD WITH REGARDING THIS IS A PERMANENT RECORD

