

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

Do not use this space.

11618

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 5612
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME

Carl Edgar Willis
 (a) Residence, No. Praterville, Mo. 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-8-1932</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>3</u>	<u>3</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <input checked="" type="checkbox"/>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>	
	10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/>	11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co., Mo.</u>		
FATHER	13. NAME <u>Elmer Willis</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mildred Wyatt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Elmer Willis, Columbia, Mo. R.R. 6</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rocky Fork</u> DATE <u>4-12-32</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Vandeventer, Columbia, Mo.</u>		
20. FILED <u>4/12/32</u> <u>Allie Selby</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-15-1932

22. HEREBY CERTIFY, That I attended deceased from Jan 14, 1932, to April 11, 1932. I last saw h. 27 alive on April 11, 1932. Death is said to have occurred on the date stated above, at 3:29 p.m. The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset 4/8/32
108
159 108

Other contributory causes of importance:
Prematurity ①

23. Name of operation _____ Date of _____
 What test confirmed diagnosis? XRAY Was there an autopsy? X

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? X
 If so, specify _____
 (Signed) A. S. Patterson, M. D.
 (Address) Columbia, 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.

MAY 23 1934

