

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

Do not use this space.

16281
2074

1. PLACE OF DEATH

County Jackson Registration District No. 358
Township Kaw Primary Registration District No. 1200
City Kansas City (No. 3530 Indiana Avenue) St. _____ Ward _____

2. FULL NAME

James H. Wills
(a) Residence, No. 3530 Indiana Avenue St. 16 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowes

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Kansas

13. NAME John T. Wills

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

15. MAIDEN NAME Nancy Kendall

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

17. INFORMANT (ADDRESS) Mrs. Ora W. Thompson
3530 Indiana Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakeside Hill DATE May 25, 1932

19. UNDERTAKER (ADDRESS) Stier & McAlister
3235 Hillbault Plaza

20. FILED Nov 23, 1932 M. M. G. Assoc. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb., 1932 to May 23, 1932
I last saw him alive on May 23, 1932 Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Pancreas
Secondary Aschemia
Date of onset March 1932

Name of operation None Date of _____
What test confirmed diagnosis? Laboratory Was there an autopsy? _____

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? No
If so, specify _____
(Signed) John P. Lewis, M. D.
(Address) 346 Indiana

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....

Registration District No. 399

Township.....

Primary Registration District No. 1002

City N. City (No.)

File No.

Registered No. 2074

St. Ward)

2. FULL NAME James H. Wills

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17 - 1860

..... to 19.....

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

13. NAME

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)

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

Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME

Manner of injury.....

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

Nature of injury.....

17. INFORMANT (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE..... DATE..... 19.....

(Signed)....., M. D.

19. UNDERTAKER (ADDRESS)

(Address).....

20. FILED 5/23 1932 M. M. Grove Registrar.

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTERED RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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