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.

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

Do not use this space.

34288

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 9648

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

City St. Louis, Mo 500 So. Kingshighway St. Louis Children's Hosp. St. ..... Ward)

2. FULL NAME Willis, Forest

(a) Residence, No. 1625 Kansas Ave St., 12 Ward. East St. Louis, Illinois
(Usual place of abode) East St. Louis Ill. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. Never 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): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-5-1926

7. AGE: YEARS 6 MONTHS 8 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Child
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): Illinois 2

FATHER
13. NAME: Harry Willis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

MOTHER
15. MAIDEN NAME: Opal Tinsley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Ruby F. Anthony 500 So. Kingshighway, St. Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McClure Ill. DATE: Nov. 3, 1932

19. UNDERTAKER (ADDRESS): Burke Mfg. Co. 8 St. Louis Ill.

20. FILED: OCT 31 1932, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-31, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1932, to 10-31, 1932

I last saw him alive on 10-31, 1932. Death is said to have occurred on the date stated above, at 2 45/a m.

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

Bacillary Dysentery — Date of onset 10-21-32

13B

13B

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? culture 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? NO

If so, specify

(Signed) A. C. Taylor, M. D.

(Address) 500 So. Kingshighway