

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

Do not use this space.

1. PLACE OF DEATH

9 County Rollinger Registration District No.
Township Lorance Primary Registration District No.
City Lutesville (No. St. Ward)

File No. 34738-A
Registered No.

2. FULL NAME John M Willis

(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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF Lula Willis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct, 14 1887

7. AGE <u>75</u>	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
			<u>18</u>	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) State Indiana 2
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Malbetr Willis</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Indiana</u> (STATE OR COUNTRY) <u>State Indiana</u>
	12. MAIDEN NAME OF MOTHER <u>Flower</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>State Tenn.</u> (STATE OR COUNTRY)

14. INFORMANT Mrs Lula Willis
(Address) Lutesville Mo.

15. FILED 3-1-1938 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov, 2 ND 1938

17. I HEREBY CERTIFY, That I attended deceased from 8-15
11-2, 1938, to 11-2, 1938, and that
that I last saw him alive on 11-2, 1938, and that
death occurred, on the date stated above, at 7 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary blood disease
91A
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

 IF NOT AT PLACE OF DEATH. ①

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. D.
B-K, 1938 (Address) Lutesville Mo.

*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 <u>Dry Creek Cemetery</u>	DATE OF BURIAL <u>Nov 3 1938</u>
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20. UNDERTAKER <u>H. J. Baker</u>	ADDRESS <u>Lutesville.</u>
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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.

ORIGINAL RESERVED FOR BINDER

S. NO. 2.

MAR 24 1938

