

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

Do not use this space.

1. PLACE OF DEATH

County Buckhannon Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. 38473
Registered No. 1186

2. FULL NAME

Willella K. Church
(a) Residence. No. Rushville, 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 49 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Stephen Church
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 - 1883
7. AGE YEARS 49 MONTHS 9 DAYS 28 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. D. Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Emma Connor
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Mo.

14. INFORMANT J. Stephen Church
(Address) Rushville, Mo.

15. DECEASED 7 1932
Jobuk Bender
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH.

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1932
17. I HEREBY CERTIFY, That I attended deceased from Nov 28, 1932 to Dec 6, 1932 that I last saw him alive on Dec 6, 1932, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholecystitis
Endocarditis
(duration) 6 yrs. 6 mos. ✓ ds.
CONTRIBUTORY (SECONDARY) (duration) 6 yrs. 6 mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? yes DATE OF Dec 2-32
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) J. Paul Ferguson, M. D.
, 19 (Address) 526 Fitzgerald St. of St. Joseph, 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 Rushville, Mo. DATE OF BURIAL 12-8 1932
Buysen Creek Cemetery ADDRESS _____
20. UNDERTAKER Wm. Lancaster Atch.

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.

JAN 21 1933

