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

Do not use this space. 9565

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible] — File No.

Township Kaw — Primary Registration District No. 1094 — Registered No. 1165

City Kansas City (No. 3653 Belleview St. Ward)

2. FULL NAME Sidney Brainard Willey

(a) Residence, No. 3653 Belleview 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
80	3	27	

OCCUPATION

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

FATHER

13. NAME Sidney Willey

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

MOTHER

15. MAIDEN NAME Green

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

17. INFORMANT (ADDRESS) Sidney N. Willey 3653 Belleview

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE Memorial Park K.C. Mo. DATE 3- 1933

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 William Place

20. FILED 3-9 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1931, to March 9, 1933

I last saw him alive on March 9, 1933. Death is said to have occurred on the date stated above, at A. m. 12:05

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

	Date of onset
Diabetes Mellitus	1925
54 53 54	
13 5	
Other contributory causes of importance: Chronic Cystitis	1931

Name of operation — Date of

What test confirmed diagnosis? — 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) Edw. H. Hashinger, M. D.

(Address) 1500 Prof. Bldg.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very [illegible]

File - 1145