

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

Do not use this space.

10130

36

54
1. PLACE OF DEATH
County Rayette Registration District No. 461 File No. 36
Township Wilmington Primary Registration District No. 3024 Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME James Arlington Willard
(a) Residence, No. _____ St. _____ Ward _____ (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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25-1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
7 10 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student in

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

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) Lexington Mo

MOTHER FATHER
13. NAME James Willard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo. Mo.
15. MAIDEN NAME Rachel M. Kenward
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dover Mo.

17. INFORMANT James Willard (ADDRESS) Lexington Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dover Mo DATE Mar 11 1933
19. UNDERTAKER Ernest Wegeting (ADDRESS) Lexington Mo
20. FILED Mar 10 1933 S. W. Fredendall Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10 1933

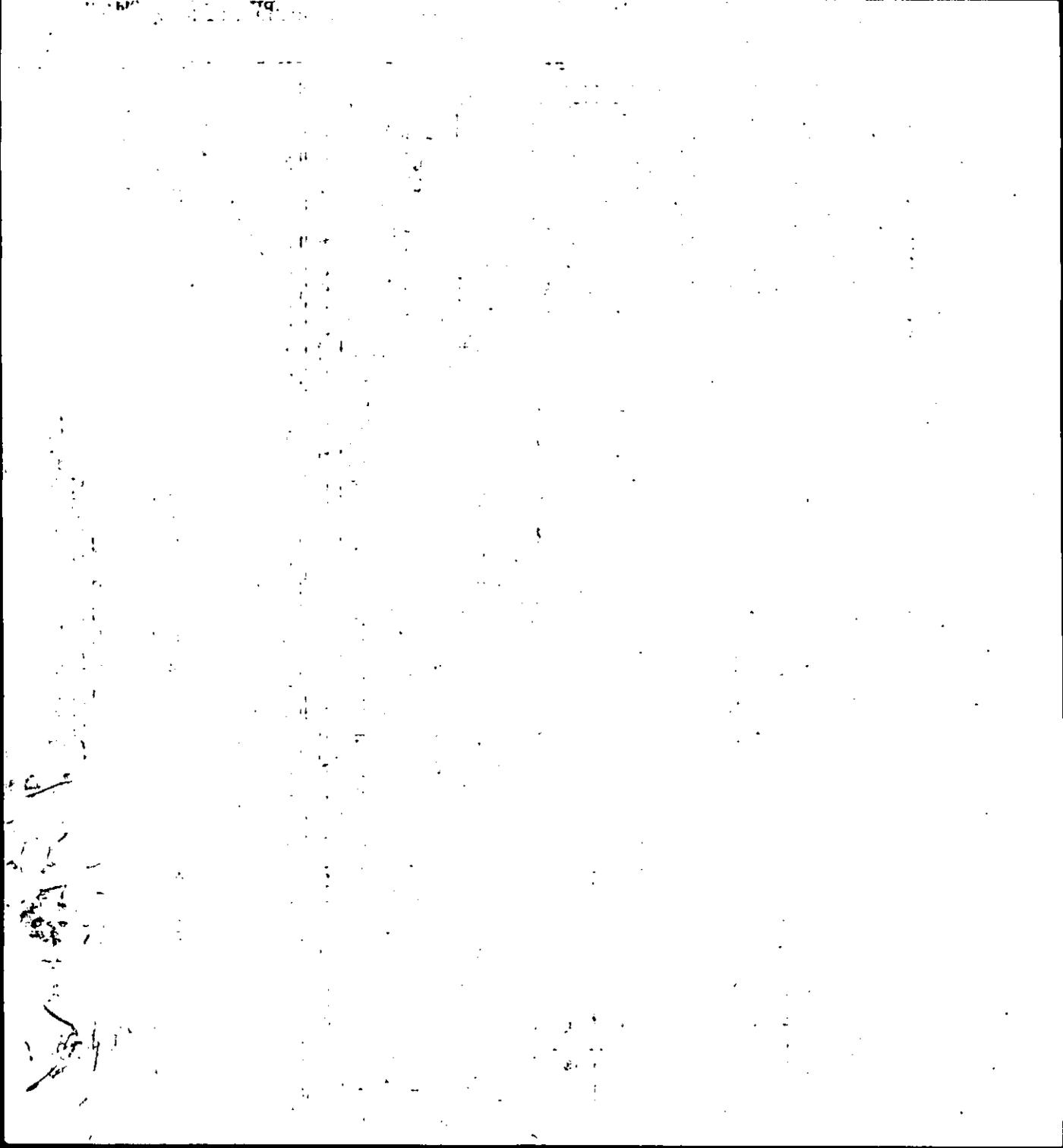
22. I HEREBY CERTIFY That I attended deceased from March 8th 1933 to March 10th 1933
I last saw him alive on Mar 9th 1933 Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:
Strangulation by drinking water
1943
1940
Other contributory causes of importance: Parotitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) H. A. Kappelman D.C. M-D
(Address) Lexington, Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If OCCUPATION is very important, CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lafayette Registration District No. 461 File No. 26
Township _____ Primary Registration District No. 3024 Registered No. _____
City Livingston (No. _____) St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25-1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 10 15

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

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:

Strangulation by drinking Date of onset

1940

Other contributory causes of importance: Scarlet fever or Mumps 36

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) _____, M. D.

(Address) _____

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
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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