

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

Do not use this space.

13890

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Hannibal (No. Swering Hospital)

File No.
Registered No. 128
St. 6th Ward

2. FULL NAME

(a) Residence, No. St. Ward. Perry, Mo.
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (widow the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Willard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/7/1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 6 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman
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) April 22, 1933 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede, Mo.

13. NAME J. H. Willard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowen, Ill.

15. MAIDEN NAME Malicia Harris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bowen, Ill.

17. INFORMANT (ADDRESS) J. D. Willard, Perry, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Perry, Mo. DATE 4/24/1933

19. UNDERTAKER (ADDRESS) Roy J. Schwartz, Hannibal, Mo.

20. FILED Apr 25 1933 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 3:35 pm.
The principal cause of death and related causes of importance were as follows:

accidental Gun Shot Wounds
1894
1898
Other contributory causes of importance: 171
Wound in abdomen from 45. caliber Russian accidentally discharged

Name of operation Date of
What test confirmed diagnosis? 1894 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 4/22/1933
Where did injury occur? Perry, Polk County, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Slipped on walk and revolver discharged
Nature of injury Bullet entered abdomen, cut in middle of

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify... While working as Night Watchman
(Signed) Cecil E. Schwartz, Coroner
(Address) Hannibal, Mo. Marion County, Mo.

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 23 1933

MOTHER FATHER

OCCUPATION

