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

Do not use this space.

27083

File No. 45

Registered No.

1. PLACE OF DEATH

69 County Monroe

Township Jackson

City (No. St. Ward)

Registration District No. 582

Primary Registration District No. 5779

2. FULL NAME Thomas Willis

(a) Residence, No. Co. Infirmary St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

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): N. K.

7. AGE: Years 80; Months; Days; If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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): Mo.

FATHER

13. NAME Jump Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.

MOTHER

15. MAIDEN NAME N. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. K.

17. INFORMANT (ADDRESS): Infirmary Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Bryan Burial Grounds DATE AUG 16 1933, 19

19. UNDERTAKER (ADDRESS): None

20. FILED AUG 16 1933 19 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG 16 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1933 to Aug 16, 1933

I last saw him alive on, 19 Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Acute Pericarditis — Date of onset 8/8/33

90 B 90

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? None 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) Geo. M. Rapelle, M. D.

(Address) Paris, 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.