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

Do not use this space.
28926

1. PLACE OF DEATH
County: Callaway
Township: Fulton
City: Fulton (No. ..... St. ..... Ward)
Registration District No. 104
Primary Registration District No. 3008
File No. .....
Registered No. 176

2. FULL NAME: John Willis
(a) Residence. No. New Hartford, 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 1 yrs. 10 mos. 20 ds. How long in U.S., if of foreign birth? yrs. mos. da.

OCT 20 1933

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Don't Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Don't Know

7. AGE: Years 71 | Months 0 | Days — | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

PARENTS
10. NAME OF FATHER: Don't Know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): .....
12. MAIDEN NAME OF MOTHER: Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): .....

14. INFORMANT: Records of State Hospital #1
(Address): Fulton

15. Sept 22 1933 P. N. Owen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 22 1933

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1933, to Sept 22 1933, that I last saw h. alive on Sept 22 1933, and that death occurred, on the date stated above, at 8-20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
934
97 (duration) Don't Know yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic Myocarditis
(duration) Don't Know yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) T. S. Kapp, M. D
, 19 (Address) Fulton, Missouri

*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: Silvam Cemetery
DATE OF BURIAL: 9-24 1933

20. UNDERTAKER: Grace Bankhead
ADDRESS: Bowling Green

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.