

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

Do not use this space.

33660

1. PLACE OF DEATH

County Macon Registration District No. 528
 Township Callan Primary Registration District No. 5704
 City (No.) St. Ward)

File No.

Registered No.

2. FULL NAME Gouverneur Lewis Willis

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

Male White single

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

no.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27, 1916

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>17</u>	<u>16</u>	<u>5</u>	<u>27</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farming
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Roundup
 (STATE OR COUNTRY) Montana

10. NAME OF FATHER Asa Willis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Idaho
 (STATE OR COUNTRY) no.

12. MAIDEN NAME OF MOTHER Ethel Shoemaker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Idaho
 (STATE OR COUNTRY) no.

14. INFORMANT Fannie Willis
 (Address) Callan, Mo.

15. FILE Oct 25 1933 W. Welch M.D.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1933 to Oct 24, 1933 that I last saw him alive on Oct 24, 1933 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Typhoid fever

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

19. DID AN OPERATION PRECEDE DEATH? no DATE OF ...

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. Welch M. D.

Oct 25 1933 (Address) New Orleans, La.

*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 Dodson Cemetery DATE OF BURIAL Oct 26 1933

20. UNDERTAKER George Perry ADDRESS Callan, 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.

NOV 10 1933

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CLASSIFICATION OF DEATHS IN DEATH CERTIFICATES, TO BE CLASSIFIED BY OCCUPATION IN DEATH CERTIFICATES. Exact statement of OCCUPATION is most important. A. E. ... AGED ... PHISICIAN should state

... A PERMANENT RECORD

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