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

Do not use this space.

35362

1. PLACE OF DEATH
102 County Shelby — Registration District No. 831 — File No.
Township Black Creek — Primary Registration District No. 6092 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Infant - of Tony Willey
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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.

NOV 10 1933

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.

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) Oct-16-33

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 2½ hrs. or 2 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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) Shelby County Mo

PARENTS
10. NAME OF FATHER Tony Willey
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. Mo.
12. MAIDEN NAME OF MOTHER Lucy Boyles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo

14. INFORMANT Tony Willey
(Address) Shelbyville, Mo

15. FILED Oct 16 1933 Emrette A. Howerton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1933, to Oct 16, 1933 that I last saw him alive on Oct 16, 1933, and that death occurred, on the date stated above, at 5:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature birth
157
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
(Signed) H. Jr. LeFevre, M. D
, 19 (Address) Shelbyville Mo.

*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: I.O.O.F. Cemetery — DATE OF BURIAL: Oct-16-1933

20. UNDERTAKER: J. W. Thompson Son — ADDRESS: Shelbyville, Mo.