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

Do not use this space.

39054

JAN 26 1934

1. PLACE OF DEATH
County Adrain
Township Cuivre
City ..... (No. ..... St. ..... Ward)

Registration District No. 912
Primary Registration District No. 62328

File No. .....
Registered No. 45

2. FULL NAME Mian 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not Known

7. AGE: Years Approx 73 | Months Known | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Missouri

FATHER
13. NAME Not Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Champ Willis
(ADDRESS) Vandalia Missouri

18. BURIAL, CREMATION, OR REMOVAL Oak Grove MO
PLACE Parmer Cemetery DATE Dec 12, 1933

19. UNDERTAKER F. W. Rohne
(ADDRESS) Wellsville Mo.

20. FILED Dec 11, 1933 Mollie Pugue Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9th, 1932, to Dec 10th, 1933
I last saw he alive on Oct. 30th, 1933. Death is said to have occurred on the date stated above, at 12 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Sclerosis	
5 y	
9 m	
11	
Other contributory causes of importance	
Diabetes Mellitus	Sept. 33

Name of operation ..... Date of .....
What test confirmed diagnosis? urinary 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? .....
If so, specify .....

(Signed) A. L. Hood, M. D.
(Address) Middletown, 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