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

Do not use this space. 40224

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 5032
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. General Hospital #2 St. 3rd Ward)

JAN 26 1934

2. FULL NAME Melvin Willis
(a) Residence, No. 1604 Cottage 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 Male
4. COLOR OR RACE Colored
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) 2-10-1933
7. AGE YEARS — MONTHS 10 DAYS 11 If LESS than 1 day, X hrs. or X min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) K. C. Mo.

FATHER
13. NAME Jack Willis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Lillie Coleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Record Clerk General Hospt #2
18. BURIAL, CREMATION, OR REMOVAL
PLACE HIGHLAND DATE 12-23, 1933
19. UNDERTAKER (ADDRESS) ADKINS K. C. Mo
20. FILED 12-23, 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-21, 1933
22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1933, to 12-21, 1933
I last saw him alive on 12-21, 1933 Death is said to have occurred on the date stated above, at 11:55 A.M.
The principal cause of death and related causes of importance were as follows:
Broncho Pneumonia — Date of onset
Other contributory causes of importance:
Name of operation Date of
What test confirmed diagnosis? 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) G. O. Thorne, M. D.
(Address) General Hospital #2

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WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2