

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

Do not use this space

(13)  
1865-~~118~~

MAR 24 1934

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
Township Mason Primary Registration District No. 3027  
City Hannibal (No. 2009, Hope St. \_\_\_\_\_ Ward \_\_\_\_\_)

**2. FULL NAME** Sarah Jane Willey

(a) Residence, No. 2009 Hope 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward C. Willey  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3, 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
61 4 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home  
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) No data  
Indiana

MOTHER 13. NAME Samuel Marshall  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data  
No data

MOTHER 15. MAIDEN NAME No data  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data  
No data

17. INFORMANT Mr. Marshall Willey (son)  
(ADDRESS) Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Olivet DATE Jan. 14, 1934

19. UNDERTAKER Wm M Smith  
(ADDRESS) 902 S. W. Hannibal, Mo

20. FILED Jan 15 1934 R. K. Shales  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from last-2 yrs 1932, to Jan 11 1934

I last saw h. alive on Jan 11 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.

The principal cause of death and related causes of importance were as follows:

Infectious Spine Date of onset \_\_\_\_\_

Other contributory causes of importance: 7/10

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Gram's method Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accidents Date of injury \_\_\_\_\_ 1930

Where did injury occur? Mont-Russell (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Car wreck

Manner of injury Car accident  
Nature of injury Injury to Spine

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) A. L. Shales M. D.  
(Address) Hannibal, Mo

