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.

FEB 27 1934

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

Do not use this space.

2247

1. PLACE OF DEATH
County Randolph — Registration District No. 735
Township — Primary Registration District No. 3034
City Moberly (No. 112 So 5th St. Ward)

File No.
Registered No. 9

2. FULL NAME August M Willott

(a) Residence, No. 112 So 5th St., 3rd 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 17th 1873

7. AGE: Years 60 — Months 4 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Barber
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): Mo

FATHER
13. NAME: Windel Willott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Margaret Tebo
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

17. INFORMANT (ADDRESS): Ed. A. Willott, Moberly, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly Mo DATE: Jan. 24th, 1934

19. UNDERTAKER (ADDRESS): Indhan and Son, Moberly Mo

20. FILED: 1/22, 1934 Virginia Clarke, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 21st, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 — 1934, to Jan. 21 — 1934
Last saw him alive on Jan. 21 —, 1934. Death is said to have occurred on the date stated above, at 11:45 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1 yr?
93D	
112	
Other contributory causes of importance: Bronchial asthma	?

Name of operation: None — Date of:
What test confirmed diagnosis: Clinical — 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) L. E. Fisher, M. D.
(Address) Moberly, Mo