

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1002
City St. Joseph (No. 6506 Sherman) _____ St. _____ Ward _____

File No. 7970
Registered No. 380

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 30, 1925</u>		
7. AGE	YEARS	MONTHS
	<u>8</u>	<u>4</u>
		DAYS
		<u>28</u>
		IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____	<u>Child</u>
	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) St. Joseph
(STATE OR COUNTRY) Missouri

FATHER
13. NAME William Willis

14. BIRTHPLACE (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Tessie Mays

16. BIRTHPLACE (CITY OR TOWN) Portland
(STATE OR COUNTRY) Oregon

17. INFORMANT William Willis
(ADDRESS) 6506 Sherman St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odd Fellows Cem. DATE March 29, 1934

19. UNDERTAKER Fred D. Clark
(ADDRESS) 5025 King Building

20. FILED MAR 29 1934
John A. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from March 27, 1934 to _____, 19____
I last saw him alive on March 27, 1934 Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

Epidemic Meningitis Date of onset Mar 25, 1934
18
791
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Cerebral structure Was there an autopsy? No
Results at City Laboratory

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) Claude A. Grant _____, M. D.
(Address) St. Joseph, Mo.

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

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.

11
5
9

2

1934

