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

Do not use this space.

24595

File No. 3193

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 395

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. 4346 Genesee St. Ward)

2. FULL NAME Nellie C. Willis

(a) Residence, No. 4346 Genesee St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20, 1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	4	27	

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.

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) Iowa Co. Wis.

FATHER

13. NAME J. L. Richison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

MOTHER

15. MAIDEN NAME Rumsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Willing West Va.

17. INFORMANT (ADDRESS) Mrs Nanette Towsley 4346 Genesee

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mineral Point Wis. DATE July 18, 1934

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED July 18, 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 34, 19

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1934, to July 17, 1934

I last saw her alive on July 17, 1934 Death is said to have occurred on the date stated above, at 4:25 P.m.

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

Pulmonary Embolism — Date of onset July 17, 34

92 A

111 A

Other contributory causes of importance: Chronic Endocarditis — Several years

92 A

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) H. B. Clark, M.D.

(Address) 1223 Professional Bldg

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.

AUG 21 1934

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