

NOV 9 1934

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

See Logan  
Do not use this space.

36952

## 1. PLACE OF DEATH

County ~~Franklin~~ Pettis Registration District No. 668  
Township Sedalia Primary Registration District No. 5889  
City Sedalia (No. RFD # 1) St. Ward

File No. \_\_\_\_\_  
Registered No. 356

## 2. FULL NAME

YVONNE WILLS  
(a) Residence, No. Sedalia RFD # 1 St. Ward.

(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 F	4. COLOR OR RACE W	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) August 17 1934		
7. AGE	YEARS	MONTHS
		2
	DAYS	1
	If LESS than 1 day, ..... hrs. or ..... min.	

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

13. NAME John D Wills

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Annie L Wise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) J.D.Wills Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethelam DATE Oct 19 1934

19. UNDERTAKER (ADDRESS) Gillespie Funeral, Home Sedalia Mo.

20. FILED Oct 19 1934 Jean Sluek Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 16 1934 to Oct 18 1934  
I last saw her alive on Oct 17 1934 Death is said to have occurred on the date stated above, at 2:00 m.

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

Summer complaint Date of onset 8/16

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?

If so, specify \_\_\_\_\_

(Signed) A. F. Logan M. D.  
(Address) 716 - S. Ohio Sedalia, 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.

