

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

Do not use this space.

FEB 21 1935

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1. PLACE OF DEATH

County Boone
 Township
 City Columbia (No.)

Registration District No. 73
 Primary Registration District No. 3006

File No.
 Registered No. 9 St. Ward)

2. FULL NAME

George Henry Willis

(a) Residence, No. 107 S 6th 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10th 1930

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

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
Child

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marburg mo

MOTHER FATHER
 13. NAME Elmer Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn Co mo

MOTHER
 15. MAIDEN NAME Mildred Wyatt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Huntsville mo

17. INFORMANT Elmer Willis (ADDRESS) Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rocky Fork DATE Jan 18th 1935

19. UNDERTAKER (ADDRESS) R. O. Willett, Columbia, Mo

20. FILED 1/17/35 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17th 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec - - 1934 to Jan 17th 1935
 I last saw h. in alive on Jan 16th 1935. Death is said to have occurred on the date stated above, at 8 A. M.

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

Epileptic Convulsions
Epileptic from Birth
 Other contributory causes of importance:
85

Name of operation Date of
 What test confirmed diagnosis Symptoms 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? Yes
 If so, specify W. A. Harris, M. D.
 (Signed) Columbia Mo
 (Address)

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.

