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.

APR 1 6 1935

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

Do not use this space.

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No. 8250
Township — Primary Registration District No. 3007 — Registered No. 69
City Poplar Bluff, Mo. (No. ..., ... St. ..... Ward)

2. FULL NAME Leona Willis
(a) Residence, No. 515 North "C" St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
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: Charles W. Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-31-1875

7. AGE — YEARS: 59 — MONTHS: 6 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Arlington, Ky.

FATHER
13. NAME: William Stearman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville Tenn

MOTHER
15. MAIDEN NAME: Elizabeth Trevathan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn

17. INFORMANT (ADDRESS): C. W. Willis Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Butler Co. Marble Hill DATE 4-2-35, 19

19. UNDERTAKER (ADDRESS): Frank Undertaking Co. Poplar Bluff, Mo.

20. FILED 4/1, 1935 O. C. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 31, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3-2, 1935, to 3-31, 1935
I last saw her alive on 3-31, 1935. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Breast — Date of onset: About 1/1/34
50

Other contributory causes of importance:
Metastasis To Lungs

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) [signature], M. D.
(Address) Poplar Bluff Mo