

JUN 1 1935

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

Do not use this space.

1. PLACE OF DEATH

74 County Wodaway
Township.....
City Maryville (No.)Registration District No. 625
Primary Registration District No. 203113749
File No.
Registered No. 5-3 (Ward)2. FULL NAME Sarah A. Willard

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James H. Willard6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC. 19, 18497. AGE YEARS 85 MONTHS 3m DAYS 30 29 IF LESS than 1 day, hrs. or min.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) Ill. (STATE OR COUNTRY)13. NAME James Eckles14. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)15. MAIDEN NAME Nancy Coulter16. BIRTHPLACE (CITY OR TOWN) Not Known (STATE OR COUNTRY)17. INFORMANT Miss Leona Willard (ADDRESS) Maryville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Irriam Cemetery DATE Apr. 20, 193519. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.20. FILED 4-20 19 Manie E. Clark Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 19 3522. I HEREBY CERTIFY, That I attended deceased from April 14 1935, to April 18 1935I last saw h. alive on April 17 1935. Death is said to have occurred on the date stated above, at 4 P. m.

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

Myocardial degeneration
stenois legial with
right ventricular hypertrophy

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? No23. 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) H. M. Whelley Jr., M. D.
(Address) Maryville Mo

MEMORANDUM FOR THE DIRECTOR

DATE: 10/10/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT:

RE: [Illegible text]

[Illegible text]