

MAR 16 1936

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

Do not use this space.

4620

1. PLACE OF DEATH

County... BuchananRegistration District No. 85

Township.....

Primary Registration District No. 1001City... St. Joseph(No. 715 Felix)

File No.

Registered No. 164

St. Ward)

2. FULL NAME George Arthur Willard(a) Residence, No. 221 North 8th. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 22, 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>28</u>	<u>2</u>	<u>14</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Worker Structural Iron</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Lawhon Construction Co.</u>
	10. Date deceased last worked at this occupation (month and year)	<u>February 1936</u>
	11. Total time (years) spent in this occupation	<u>1 1/2 Yrs.</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utica Missouri13. NAME Thomas B. Willard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Missouri15. MAIDEN NAME Dorothy White16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Missouri17. INFORMANT Thomas B. Willard
(ADDRESS) Excelsior Springs, Missouri.18. BURIAL, CREMATION, OR REMOVAL
PLACE Chillicothe Mo. DATE February 7, 3619. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union St. St. Joseph Mo.20. FILED FEB 7 1936 John R. Bearden
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 6, 193622. I HEREBY CERTIFY, That I trust deceased from Feb. 6, 1936, to, 19.....I last saw him in alive on, 19..... Death is said to have occurred on the date stated above, at 4:00 P.M.

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

Fractured Skull

7037

Spill down elevator shaft at Jenkins Bed

Other contributory causes of importance None

Date of onset

Name of operation None Date of
What test confirmed diagnosis? Phys Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide accident Date of injury 2/6, 1936Where did injury occur? St. Joseph
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. IndustryManner of injury Fell down elevator shaftNature of injury Fractured Skull24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify Forest Thomas Corner(Signed) Forest Thomas Corner, M. D.(Address) 731 Jarson

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 1941

OCT 6 1941