

MAR 16 1936

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

Do not use this space.

4732

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph

(No. St. Joseph's Hospital) St. Ward

File No.

Registered No. 277

2. FULL NAME Hiram Henry Willis

(a) Residence, No. 2211 South 4th. Str. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 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)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Pearl Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 1, 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

63

5

24

OCCUPATION

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

Second Hand Dealer

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Own Business

10. Date deceased last worked at
this occupation (month and
year) Unknown11. Total time (years)
spent in this
occupation. ?

12. BIRTHPLACE (CITY OR TOWN)

Smith County

(STATE OR COUNTRY)

Kansas

FATHER

13. NAME

Richard Willis

14. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Kentucky

MOTHER

15. MAIDEN NAME

Lavissa Miller

16. BIRTHPLACE (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Missouri

17. INFORMANT

(ADDRESS)

Pearl Willis
2211 S. 4th. Str. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Joseph, Mo. DATE Feb 22 1936

19. UNDERTAKER

(ADDRESS)

H. O. Schepfaden
162 W. 1st St. St. Joseph Mo.

20. FILED

2-26 1936

John H. Redden
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from
Feb 20, 1936, to Feb 25, 1936I last saw him alive on Feb 24, 1936. Death is said
to have occurred on the date stated above, at 1:30 a.m.

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

Pneumonia, acute
Lobar

Date of onset

2-18-36

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Exam. Feb. 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) E. M. Shores

M. D.

(Address) 317 W. 1st St. St. Joseph Mo.

AUG 10 1949