

JUN 23 1936

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

Do not use this space.

20115

1. PLACE OF DEATH

County MONROE  
Township JACKSON  
City..... (No....., St....., Ward.....)

Registration District No. 582  
Primary Registration District No. 5779

File No.....  
Registered No. 38

2. FULL NAME

KATHYNE ELIZABETH WILLS

(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 8 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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 28, 1912

7. AGE YEARS 24 MONTHS 1 DAYS 14 If LESS than 1 day, .....hrs. or .....min.

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) PARIS MO.

13. NAME JOSEPH J. WILLS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MONROE CO. MO.

15. MAIDEN NAME MABLE MAJOR

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PIKE CO. MO.

17. INFORMANT JOSEPH J. WILLS. (ADDRESS) PARIS, MISSOURI.

18. BURIAL, CREMATION, OR REMOVAL PLACE PRESANT HILL DATE 5/14 1936

19. UNDERTAKER Sneed & Blakey (ADDRESS) PARIS, MISSOURI.

20. FILED 5/13 1936 H. C. Payne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 12 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from May 12th, 1936, to May 12, 1936  
I last saw her alive on May 12th, 1936. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Status Epilepticus and related complications Date of onset May 11th 1936

Other contributory causes of importance: g.b

Name of operation..... Date of.....

What test confirmed diagnosis? None Was there an autopsy? 7/0

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. Home

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....  
(Signed) Hollis G. Christman M.D. (Address) PARIS, MISSOURI.

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.

