JUN 27 1936

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

Do not use this space.

21785

1. PLACE OF DEATH
County Vernon Registration District No. 875
Township Washington Primary Registration District No. 6162
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 161

2. FULL NAME Wm Willit
(a) Residence, No. State Hospital #3 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. 20 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) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1879
7. AGE about YEARS 57 MONTHS ? DAYS ? If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Com. labor
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) unpaid
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no hist. obtainable

17. INFORMANT (ADDRESS) Co. Clerk, Green Co., Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE May 29 1936
19. UNDERTAKER (ADDRESS) Allen V Hays Nevada Mo.
20. FILED May 29 1936 M. Eilinger Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1936
22. I HEREBY CERTIFY, That I attended deceased from May 8, 1936, to May 28, 1936
I last saw him alive on ....., 1936. Death is said to have occurred on the date stated above, at 8:45 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Gen. paralysis of the insane (syphilis of the C.N.S.) | ? |
| Other contributory causes of importance: Myocardial insufficiency | ? |

Name of operation none Date of yes
What test confirmed diagnosis? clinical Was there an autopsy? .....

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) T. T. O'Neill, M. D.
(Address) Nevada, Mo

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.

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