

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.

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

Do not use this space.

1. PLACE OF DEATH *JUL 14 1936*

791

24942

County..... Registration District No..... **1003**
 Townshp..... Primary Registration District No.....
 City *St. Louis* (No. *Peoples Hospital*) St. Ward)

File No. **6598**
 Registered No.

2. FULL NAME *Sidney Willis*
 (a) Residence, No. *1722 Biddle St.* Ward *25*
 (Usual place of abode)
 Length of residence in city or town where death occurred *9* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* **4. COLOR OR RACE** *Colored* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*
7. AGE YEARS *abt 63* 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. *Bricklayer*
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) *Mississippi*

FATHER
13. NAME *Henry Willis*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

MOTHER
15. MAIDEN NAME *Rally Turner*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

17. INFORMANT (ADDRESS) *Peoples Hosp Record 3449 Grand St.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Washington* DATE *6-6-36* 19*36*

19. UNDERTAKER (ADDRESS) *W Richter 3500 Rutgerst*

20. FILED *JUN 30 1936* *J T Biddle Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-6-1936*

22. I HEREBY CERTIFY, That I attended deceased from *3-3-36* to *6-6-36*
 I last saw him alive on *6-6-36* 19*36* Death is said to have occurred on the date stated above, at *11 P. m.*

The principal cause of death and related causes of importance were as follows:
Hypertensive Heart Disease
95%
 Other contributory causes of importance: *Arteriosclerosis*
Right Inguinal Hernia
 Date of onset *Unknown*
10 yrs

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) *C. M. Jones* M. D.
 (Address) *Peoples Hospital*

