

DEC 3 1936

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

Do not use this space.

42773

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3301 Washington Blvd.** St. Ward)

File No.
Registered No. **11324**

2. FULL NAME **Willard Willis**

(a) Residence, No. **3720 Garfield Ave.** St. **11** Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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) **Single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 8, 1918**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 8 5

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

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) **Puxico Mo.**

13. NAME **Arthur Willis**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

15. MAIDEN NAME **Clara Stephens**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT **Mr. Arthur Willis**
(ADDRESS) **3720 Garfield Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Puxico, Mo.** DATE **Nov. 16, 1936**

19. UNDERTAKER **C. J. LILIANE BROS.**
(ADDRESS) **1710 N. GRAND BLVD.**

20. FILED **NOV 14 1936** **J. Brudeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13, 1936** 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

*Gas poisoning Trichloroethylene
rich white clay grease from
bottom of metal tank (empty)
at place of employment.*

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Accident** Date of injury **11/13 36**

Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **see above**
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **yes**
If so, specify **see above**

(Signed) **Harold J. Kelley**, M. D.
(Address) **Dep. Sec.**

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.

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It then goes on to describe the various methods used to collect and analyze data.

3. Finally, it concludes with a summary of the findings and a list of recommendations.

4. The second part of the document provides a detailed description of the experimental procedures.

5. This section includes a description of the equipment used, the subjects involved, and the specific tasks performed.

6. It also includes a description of the data collection and analysis methods used.

7. The third part of the document presents the results of the experiments.

8. This section includes a description of the data collected, the statistical analysis performed, and the results of the analysis.

9. It also includes a discussion of the implications of the results and a list of conclusions.

10. The fourth part of the document discusses the limitations of the study and the need for further research.

11. This section includes a description of the limitations of the study and the need for further research.

12. It also includes a list of references and a list of appendices.

13. The fifth part of the document provides a list of references.

14. This section includes a list of references and a list of appendices.

15. It also includes a list of references and a list of appendices.

16. The sixth part of the document provides a list of appendices.

17. This section includes a list of appendices and a list of references.

18. It also includes a list of appendices and a list of references.

19. The seventh part of the document provides a list of references.

20. This section includes a list of references and a list of appendices.

21. It also includes a list of references and a list of appendices.