JAN 18 1937

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

Do not use this space.

44066

1. PLACE OF DEATH
County: Cass
Township:
City: Harrisonville No. St. Ward)
Registration District No. 156
Primary Registration District No. 4090
File No.
Registered No.

2. FULL NAME: Mary M. Willard
(a) Residence, No. St., Ward. Latour, Mo
(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: Female
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: Charles E. Willard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20, 1858
7. AGE: Years 78 | Months 9 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Homemaker
10. Date deceased last worked at this occupation (month and year): Dec 19, 36
11. Total time (years) spent in this occupation: 54 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Freeman Mo

FATHER
13. NAME: John Rowden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Lauren Jane Price
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Christian Co Kentucky

17. INFORMANT (ADDRESS): John Willard Harden, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill Cem DATE: 19
19. UNDERTAKER (ADDRESS): J. M. Kauffman Garden City Mo
20. FILED: Dec 19 1936 E. M. Griffith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 19, 1936
22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1936, to Dec 19, 1936
I last saw h. alive on Dec 19, 1936. Death is said to have occurred on the date stated above, at 3:15 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Burned to ashes in house fire, Grand Avenue, Latour Mo.	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Dec 19, 1936
Where did injury occur? Grand Avenue Latour Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Latour, Mo. In home
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify:
(Signed) E. M. Griffith, M. D.
(Address) Harrisonville Mo

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.