

APR 26 1937

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

Do not use this space.

13191

1. PLACE OF DEATH

County Dupuy
Township Sharon
City (No.) (No.) St. Ward)

Registration District No. 78
Primary Registration District No. 5490

File No. 38
Registered No. 1333

2. FULL NAME

Mary Bell Willis

(a) Residence, No. agru no. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 2 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. work at home

10. Date deceased last worked at this occupation (month and year) not 11. Total time (years) spent in this occupation life

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

13. NAME Martin Summers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moulton Ill.

15. MAIDEN NAME Mary Elizabeth Cash

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellvue Ill.

17. INFORMANT (ADDRESS) Ray Willis agru no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hitt Cem. Sycamore Ill. DATE Mar 10 1937

19. UNDERTAKER (ADDRESS) Margie Lish Naylor

20. FILED 3/32 1937 H. E. White Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1937 to Mar 9 1937. I last saw him alive on Mar 6 1937. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

Bronchial pneumonia

Other contributory causes of importance: Senility, also thrombosis

Name of operation none Date of ✓
What test confirmed diagnosis? chest 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 ✓, 1937

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) H. E. White, M. D.
(Address) Naylor no.

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.

