

MAY 21 1937

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

Do not use this space.

16512

1. PLACE OF DEATH

County Howard,

Registration District No. 278

File No. _____

Township Fayette, Mo.

Primary Registration District No. 4222

Registered No. 22

City Katheryn Emma Wills, (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/4th 1872

7. AGE YEARS 65 MONTHS I DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) Missouri (STATE OR COUNTRY)

13. NAME Simpson Nelson,

14. BIRTHPLACE (CITY OR TOWN) Kentucky, (STATE OR COUNTRY)

15. MAIDEN NAME Susan Simms.

16. BIRTHPLACE (CITY OR TOWN) Missouri. (STATE OR COUNTRY)

17. INFORMANT Mrs J.C. Wilhoit, (ADDRESS) Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boonesboro, DATE 4/23 1937

19. UNDERTAKER Guy T. Halley, (ADDRESS) Fayette, Mo.

20. FILED May 5 1937 W. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/21st 1937 19

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1937, to 4-21-37 19

I last saw her alive on 4-20 1937. 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:

Carcinoma of Cervix Date of onset 1936
myocarditis Jan 1937

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) W. B. Logan, M. D.

(Address) Fayette 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.

