

JUN 21 1937

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

Do not use this space.

20144

1. PLACE OF BIRTH

County Warren
Township Bedford
City Bedford (No. _____)

Registration District No. 334
Primary Registration District No. 4197

File No. _____
Registered No. 45
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-27-1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 5 1

8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. none

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) Bedford Mo.

13. NAME Lewis Vern Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Down

15. MAIDEN NAME Dorothy Sharp

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

17. INFORMANT (ADDRESS) L. V. Willis Bedford

18. BURIAL, CREMATION, OR REMOVAL PLACE Crang MO DATE 5-30-1937

19. UNDERTAKER (ADDRESS) S. M. Haas

20. FILED 5-29-1937 A. L. Willis Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-23, 1937, to 5-28, 1937

I last saw him alive on 5-28, 1937. Death is said to have occurred on the date stated above, at 6:45 p. m.

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

Intestinal obstruction - due to adhesive bands about ileocecal junction Date of onset 5/23/37

Other contributory causes of importance: 121

Name of operator Gadner band cut Date of 5/29/37

What test confirmed diagnosis? none 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. S. Hays, M. D.

(Address) Bedford Mo

