

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.

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

Do not use this space.

JUL 3 0 1937

24382

1. PLACE OF DEATH

County Morgan
Township Barrett
City Barrett (No.)

Registration District No. 5-9743
Primary Registration District No. 5-792-

File No. 11
Registered No.
St. Ward

2. FULL NAME RALPH WILLES

(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 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) June 28 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ONE 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. infant
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) Barrett Mo

FATHER 13. NAME John Willes Willes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

MOTHER 15. MAIDEN NAME Recky Hays

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Co

17. INFORMANT John Willes
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE big rock cem DATE June 28 1937

19. UNDERTAKER CARL YOWS FUNERAL HOME
(ADDRESS)

20. FILED 7-10 1937 E. Pulizer
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-29 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-25, 1937, to 6-25, 1937

I last saw him alive on 6-25, 1937. Death is said to have occurred on the date stated above, at 3.0 m.

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

Patency Faraminval Date of onset 6-25-37

Other contributory causes of importance: 15 No

Name of operation none Date of

What test confirmed diagnosis? clinical Was there an autopsy?

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

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? red
If so, specify

(Signed) E. B. Shellow, M. D.
(Address) Edson Mo

