

AUG 31 1937

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

Do not use this space.

28502

1. PLACE OF DEATH

County ScottRegistration District No. 1145Township Ke. 20Primary Registration District No. 6064City Illmo Ma. (No.)

St. Ward)

2. FULL NAME Rodney Paul Willis(a) Residence, No. Illmo St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 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) child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-16-367. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 19

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.

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) Cape Girardeau Mo.13. NAME Frank Willis14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Murphysboro Ill.15. MAIDEN NAME Leona Beeson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo.17. INFORMANT (ADDRESS) Frank Willis Illmo Ma.18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 7-7 193719. UNDERTAKER (ADDRESS) Bisplinghoff and Hubbard Illmo Ma.20. FILED 76 1937 S. J. Dorman Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... 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:

Accidental drowning in fish pond in yard

Other contributory causes of importance:

Name of operation Date of 19.....

What test confirmed diagnosis? Was there an autopsy? Y23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide gunshot Date of injury 7-5 1937Where did injury occur? Illmo. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell into small fish pondNature of injury drowning24. Was disease or injury in any way related to occupation of deceased? YIf so, specify S. J. Dorman M. D.(Signed) S. J. Dorman (Address) Illmo. Mo.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. S. NO. 21
70M-18-36
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