Rulet 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cole
Township
City Jefferson (No. ..... St. ..... Ward)

Registration District No. 213
Primary Registration District No. 3014

File No. 34025
Registered No. 269

2. FULL NAME John Willis
(a) Residence, No. 1107 E Elm St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 17 1895

7. AGE YEARS 42 MONTHS 6 DAYS 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Callaway Co Mo

FATHER
13. NAME John Willis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Hattie Warfield
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs Della Willis J C Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Hill Mo DATE Oct 8 37

19. UNDERTAKER (ADDRESS) Dawson & Tanner J C Mo

20. FILED 10/12/1937 S. W. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1937, to Oct 6, 1937
I last saw him alive on Oct 6 1937. Death is said to have occurred on the date stated above, at 1:45 m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar
Bilat
Septicemia General
1946

Date of onset

Other contributory causes of importance:
Compound fracture tibia & fibula lt.
Infection of leg at site of fracture

Name of operation Kirschner Pin; Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, ~~suicide, or homicide~~? Accident Date of injury 9/7/1937
Where did injury occur? Mo. State Prison Jefferson City Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Rock fell on left leg
Nature of injury Compound fracture left leg

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. W. Rambo, M. D.
(Address) Jefferson City Mo

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.

237

SOM-10-22-36 I X9314