NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 36773
Township Kan — Primary Registration District No. 1002 — Registered No. 4202
City Kansas City (No. K.C. General Hospital St. Ward)

2. FULL NAME Willis Fairchild
(a) Residence, No. 1611 Jarboe St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 30 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) No Record
7. AGE — YEARS 74 — MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor
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) Harrisburg Penn

FATHER
13. NAME Mason A. Fairchild
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Harrisburg Penn

MOTHER
15. MAIDEN NAME X Patricia Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) X Harrisburg Penn

17. INFORMANT (ADDRESS) Record Clerk K.C. General Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmira, Mo DATE 10/14/37, 19
19. UNDERTAKER (ADDRESS) Quirk + Tobin Co 20 W. Linwood
20. FILED 10-19, 1937 M. M. Crowe, ass Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 7-28-, 1937, to 10-17-, 1937
I last saw him alive on 10-17-, 1937 Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gangrenous Cystitis - ascending Pyelonephritis	137

Other contributory causes of importance: Hypertrophy of Prostate

Name of operation Prostatic Resection Date of 9-7-37
What test confirmed diagnosis? Was there an autopsy? Yes

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?
If so, specify
(Signed) P. F. De Maria, M. D.
(Address) Supt. K.C. General Hosp. K.C. Missouri

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.