

REC'D JUL 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County

No. *Holt*

Registration District No.

369

File No.

21971

Township

Union

Primary Registration District No.

4215

Registered No.

8

City

Carraig

(No.)

St.

Ward)

2. FULL NAME*Mr. Charles Neil Willis**420*

(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 *2* 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 26, 1904

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*33**11**7*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Insurance Agent

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

His office at lumber yard

10. Date deceased last worked at this occupation (month and year)

May 24, 1938

11. Total time (years) spent in this occupation

5 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bedford Iowa

FATHER

13. NAME

Mr. C. L. Willis

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

Maryland

MOTHER

15. MAIDEN NAME

Miss Rilla Stewart

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

Kentucky

17. INFORMANT (ADDRESS)

Mr. C. L. Willis Carraig, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Bedford La.*DATE *6/5**1938*

19. UNDERTAKER (ADDRESS)

Schooler Bros. Carraig, Mo.

20. FILED

*June 3, 1938**Winta Anderson*

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6/3 193822. I HEREBY CERTIFY, that I attended deceased from *May 30* 1938, to *June 3* 1938I last saw *him* alive on *June 2* 1938. Death is saidto have occurred on the date stated above, at *29* m.

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

Coronary Paralysis Date of onset *May 1938*

Other contributory causes of importance:

Tuberculosis of femur of left leg 1907

Name of operation

Date of *to*

What test confirmed diagnosis?

Was there an autopsy? *to*

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)

(Address)

, M. D.

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.

WRITE CLEARLY, WITH OUTRAPPING INK—THIS IS A PERMANENT RECORD

