REC'D DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

47 County Saline 3 Registration District No. 796 File No. 40473

Township Marshall 1 Primary Registration District No. 6039 Registered No. 166

City (No. Saline County Home St. Ward)

2. FULL NAME 420 Oswold T. Willis

(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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna C. Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1850

7. AGE: YEARS 88 MONTHS 8 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Virginia 1

FATHER
13. NAME: Owen T. Willis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1

MOTHER
15. MAIDEN NAME: Sarah Ann Garnet
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 1

17. INFORMANT (ADDRESS): Saline County Home records Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Slater, Mo. DATE Nov. 18, 1938

19. UNDERTAKER (ADDRESS): Campbell-Lewis Funeral Home Marshall, Mo.

20. FILED 11-18, 1938 Mary Kent Dep. Registrar. 712

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1938, to Nov 16, 1938

I last saw him alive on Nov 14, 1938. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Acute Myocarditis & decompensation	Nov 10

Other contributory causes of importance:

93a

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No

If so, specify

(Signed) [signature] M. D.

(Address) Marshall, Mo.

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.

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12/9/38