

REC'D FEB 25 1939

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

3389  
 Do not use this space.

## 1. PLACE OF DEATH

(a) County Deming 2 Registration District No. 653  
 (b) Township Hayti 1 Primary Registration District No. 5864  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ Registered No. 2  
 (e) Length of residence in city or town where death occurred 8 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

Charlie Willis  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Letha Willis  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/11-1899  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
49 10 8  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farm labor  
 9. Industry or business in which work was done, as saw mill, bank, etc. farm  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 20

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

FATHER 13. NAME Andrew Willis  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston S.C.

MOTHER 15. MAIDEN NAME Rosie Long  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charleston S.C.

17. INFORMANT (ADDRESS) Letha Willis Hayti - Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Concord DATE Jan - 10, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. J. Smith Hayti - Mo

20. FILED Jan 10, 1939 J. W. Phoebe Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 7, 1939. I last saw him alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 11:45 a. m.  
 The principal cause of death and related causes of importance were as follows:

Bronch pneumonia Date of onset 1-5-39

Other contributory causes of importance:

With uric obstruction from seq. Arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? By exam Was there an autopsy? \_\_\_\_\_

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) William F. Pitt, M. D.

(Address) Hayti Mo 586

RECEIVED

District Health Officer No.

District File Number 39-16

Date Filed 2-10-39

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**