

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.

REC'D MAR 15 1939

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

Do not use this space.

1. PLACE OF DEATH
44 County Holt Registration District No. 873
6 Township _____ Primary Registration District No. 4219
0 City Oregon (No. _____) St. _____ Ward _____
2. FULL NAME Jossie Pearl 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 19 yrs. mos. ds. How long in U. S., if of foreign birth? _____ yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry B. Willis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26, 1879
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 59 10 9

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Platte City
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Jasper Taylor

14. BIRTHPLACE (CITY OR TOWN) Platte City,
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Emma Jane Fry

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

17. INFORMANT Harry Willis
(ADDRESS) Oregon, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oregon, Missouri DATE Feb. 8, 1939

19. UNDERTAKER Pettijohn Funeral Service,
(ADDRESS) Oregon, Missouri

20. FILED 2-8- 1939 W. B. Chandler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 30, 1939 to Feb 5, 1939
I last saw h. alive on Feb 5, 1939 Death is said to have occurred on the date stated above, at 10 a. m.
The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus
Date of onset 1930
59
Other contributory causes of importance: Diabetic Coma 1-30-39

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) W. B. Chandler, M. D.
Oregon, Mo. (Address)

RECEIVED

District Health Officer No. 11,

District File Number 29-147

Date Filed MAR 13 1939

APR 30 1947