

0350 JUN 21 1939

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

Do not use this space.

1. PLACE OF DEATH
 County Canton Lewis
 Township.....
 City Canton (No.)

 Registration District No. 477
 Primary Registration District No. 4286

 File No. 19080
 Registered No. 24
 St. Ward)
2. FULL NAME Mary 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

 5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Robt. J. Willis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1858
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 14

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

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) Pittsfield
 (STATE OR COUNTRY) Illinois

 MOTHER 13. NAME Dietrich Prisner

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

 15. MAIDEN NAME Barbara Theis

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

 17. INFORMANT Dennis Willis
 (ADDRESS) Canton, Mo.

 18. BURIAL, CREMATION, OR REMOVAL PLACE Canton, Missouri, May 26, 1939

 19. UNDERTAKER Earl H. Barkley
 (ADDRESS) Canton, Mo.

 20. FILED May 26, 1939 H. W. Harris M.D.
 Registrar.
MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 5-17, 1939, to 5-24, 1939.
I last saw him alive on 5-23, 1939. Death is saidto have occurred on the date stated above, at 3:30 A.

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

cerebral hemorrhageDate of onset
5-17-39

Other contributory causes of importance:

Previous stroke 5 years agoName of operation none Date ofWhat test confirmed diagnosis? paralysis 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) Dr. Earl Porter M. D. O.(Address) Canton 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. 10

District File Number 10-39-1081

Date Filed 6-8-39