

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22221
Do not use this space.

JUL 13 1939

1. PLACE OF DEATH

(a) County Henry
(b) Township
(c) or City Windsor.
(e) Length of residence in city or town where death occurred
4 7/8 yrs. mos. ds.

Registration District No. 14
Primary Registration District No. 4221
(d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 13

2. PRINT FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Posson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 28, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 0 2

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Pettis County, Mo.

13. NAME Albert H. Willis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis County Missouri

15. MAIDEN NAME Ruth Goodspeed

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

17. INFORMANT Mrs. Ethel Willis
(ADDRESS) Ionia, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ionia, Mo. DATE July 2, 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner 319
(ADDRESS) Windsor, Missouri

20. FILED July 1, 1939
[Signature]
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1939, to June 30, 1939
I last saw him alive on June 30, 1939 Death is said to have occurred on the date stated above, at 3:40 p.m.
The principal cause of death and related causes of importance were as follows:

Septic Peritonitis
Date of onset 6-21-39
Other contributory causes of importance:

Name of operation laparotomy Date of 6-27-39
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) Roy S. Jordan, M. D.
(Address) Windsor, 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.

X18803

124

RECEIVED

District Health Officer No. 7₂

District File Number 7-39-982

Date Filed 7-11-39

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

E. M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

22221

Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
 (b) Township..... Primary Registration District No. 4211 Registered No. 13
 (c) City Windsor (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Raleigh 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 w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 0 2

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-30-39

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Perforated Peritonitis Date of onset

Other contributory causes of importance: 121

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?.....

If so, specify (Signed) Ray B. Jordan, M. D.
 (Address) Windsor Mo

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

