

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

Do not use this space.

32419

**1. PLACE OF DEATH**

County Linn Registration District No. 318  
 Township Springfield Primary Registration District No. 2001  
 City Springfield (No. 1125 to Division) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 714

**2. FULL NAME** Augustine Minerva Jones Willis  
 (a) Residence, No. 1125 C. Division 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**

<b>3. SEX</b> <u>Female</u>	<b>4. COLOR OR RACE</b> <u>White</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>Widow</u>		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> <u>8-10-1861</u>				
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, hrs. or min.</b>
<u>78</u>	<u>1</u>	<u>13</u>		
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> <u>Housewife</u>			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>			
	<b>10. Date deceased last worked at this occupation (month and year)</b>		<b>11. Total time (years) spent in this occupation.</b>	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Bayton Springs, Iowa</u>				
<b>FATHER</b>	<b>13. NAME</b> <u>John Moore</u>			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Iowa</u>			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> <u>Nancy McDonald</u>			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> <u>Linn Co. Mo.</u>			
<b>17. INFORMANT (ADDRESS)</b> <u>Ted Willis Springfield Mo.</u>				
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> <u>Johns Chapel</u> DATE <u>9-25-1939</u>				
<b>19. UNDERTAKER (ADDRESS)</b> <u>Morris &amp; Leiman Miller Mo.</u>				
<b>20. FILED</b> <u>Sept 25 1939</u> <u>Chas. A. George</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 9-23-1939

**22. I HEREBY CERTIFY**, That I attended deceased from 9-18-1939 to 9-23-1939  
 I last saw her alive on 9/18/39, 1939 Death is said to have occurred on the date stated above, at 7:45 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute decompensating heart disease Date of onset 9/16/39  
 Other contributory causes of importance: Senility  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) C. E. Keller M. D.  
 (Address) Springfield 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.

