

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

FILED JUN 12 1943

1. PLACE OF DEATH
County Mercer Registration District No. 210 File No. _____
Township Lindley Primary Registration District No. 5769 Registered No. 129
City RFD Gainesville (No. _____) St. _____ Ward _____

2. FULL NAME Enoch Newton 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 5 1878
7. AGE YEARS 65 MONTHS 3 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) Harrison County (STATE OR COUNTRY) Missouri

13. NAME Enoch Willis

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

15. MAIDEN NAME Mary McClure

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

17. INFORMANT Emaline Willis (ADDRESS) Cainsville, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hughes Cemetery DATE May 14 1943

19. UNDERTAKER (ADDRESS) Gainesville, Missouri.

20. FILED 5-21-43 1943 Sevill Alley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1943

22. I HEREBY CERTIFY, That I attended deceased from February 15, 1943, to April May 11, 1943
I last saw him alive on May 11, 1943 Death is said to have occurred on the date stated above, at 7:00Pm.

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

Date of onset
1943
1941

Other contributory causes of importance: 935

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) W. J. Groop Road, M. D.

(Address) DAVIS CITY, IOWA.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

