

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

Do not use this space.

38954

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. 4648, Kennersly ave. St. 11776 Ward)

**2. FULL NAME** Sarah Willets

(a) Residence. No. 4648 Kennersly ave. 11 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 HUSBAND OF (OR) WIFE OF William Willets

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15 1840

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.  
87 5 14

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work At Home  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

10. NAME OF FATHER Alvan Hannah

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Mary Whitworth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ind.

14. INFORMANT Ora M. Willets  
 (Address) 4648 Kennersly ave

15. FILED DEC 31 1927 Max C Stark REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1926, to Dec 29, 1927 that I last saw h. et. alive on Dec 29, 1927, and that death occurred, on the date stated above, at 11 m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

131 Chronic Myocarditis  
935

(duration) 1 yrs. 1 mos. 1 ds.  
 CONTRIBUTORY Chronic diffuse nephritis  
 (SECONDARY) (duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED Place of death  
 NOT AT PLACE OF DEATH  
 DID AN OPERATION PRECEDE DEATH X DATE OF X

19. WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Wound symptoms  
 (Signed) William T. Hatcher, M. D.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cem DATE OF BURIAL Dec 31 1927

20. UNDERTAKER A. Kern L & Co ADDRESS 2707 M. Grand Blvd

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.

1950-51