JUL 6 1928

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

Do not use this space.

17465

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Jasper — Registration District No. 408

Township ..... — Primary Registration District No. 3020

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME John Linzy Willard

(a) Residence. No. Carthage Mo R#8 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 19-1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
32	5	2	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Stockman &

(b) General nature of industry, business, or establishment in which employed (or employer): Farmer

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bushnell Ill.

PARENTS

10. NAME OF FATHER: Wm G. Willard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Pittsburg Pa.

12. MAIDEN NAME OF MOTHER: Emma Strubler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mercer Co. Pa.

14. INFORMANT: Emma S. Willard
(Address) Carthage Mo R#8

15. FILED 5/23, 1928. C. M. Hitchcock, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May-21 1928

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1928, to May 21, 1928, that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 11:14 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease

90 (duration) yrs. 1153 mos. ds.

CONTRIBUTORY (SECONDARY) Anesthetic and Tonsillectomy (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

2 DID AN OPERATION PRECEDE DEATH? Yes DATE OF May 21,

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Gen'l. Physical

(Signed) W. B. Chapman, M. D

May 24, 1928. (Address) Carthage, Mo.

*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: Fasken Cemetery — DATE OF BURIAL: 5-23 1928

20. UNDERTAKER: Ulmer-Drake — ADDRESS: Carthage

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.