

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

Do not use this space.

28242

1. PLACE OF DEATH

County..... Randolph Registration District No. 735 File No.
Township..... Sugar Creek Primary Registration District No. 3024 Registered No. 167
City..... Woberly (No.) St. Ward)

2. FULL NAME

Abner Willis
(a) Residence. No. 1200 Post 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 col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Annie Willis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 | 1 | 6 |

8. OCCUPATION OF DECEASED 93C
(a) Trade, profession, or particular kind of work Farmer 132A
(b) General nature of industry, business, or establishment in which employed (or employer) 97
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Monroe County
(STATE OR COUNTRY)

10. NAME OF FATHER Mydie Willis

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

12. MAIDEN NAME OF MOTHER May Vaughan

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

14. INFORMANT Mrs. Annie Vaughan
(Address) Woberly Mo

15. FILED Aug 25 1928 Dr. Chas. S. Fleming
REGISTER

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 23 1928

17. I HEREBY CERTIFY That I attended deceased from Aug. 16 1928 to Aug. 23 1928 that I last saw him alive on Aug. 23 1928, and that death occurred, on the date stated above, at 8 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
905
Nephritis Escherichiae
CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. U. Longshore, M. D.
Aug. 26, 1928 (Address) Woberly 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 Grandville DATE OF BURIAL Aug 26 1928

20. UNDERTAKER H. C. Minor ADDRESS Woberly

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

