

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

Do not use this space.

33663

702

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City Kansas City (No. 1217)

Registration District No. 399  
Primary Registration District No. 1002

File No. 702  
Registered No. 702  
St.                      Ward                     

**2. FULL NAME**

Hugh White Willes  
(a) Residence. No. 1217 Baltimore 3 Ward.  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 14 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Now Patricia Willes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 - 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
43 1 10

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Frederick Willes

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

12. MAIDEN NAME OF MOTHER Libby Bates

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

14. INFORMANT Now Stewart Willes  
(Address) 338 Bldg St Louis Mo. Chicago

15. FILED 10/15/28 M. M. Grove  
Assn REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1928 Wednesday

17. I HEREBY CERTIFY, that I attended deceased from                      to                     , 1928, and that death occurred, on the date stated above, at                      1:30 P. m.

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

Alcoholism  
75  
666  
(duration)                      yrs.                      mos.                      ds.  
CONTRIBUTOR (SECONDARY)                       
(duration)                      yrs.                      mos.                      ds.

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

19. DID AN OPERATION PRECEDE DEATH?                      DATE OF                     

20. WAS THERE AN AUTOPSY?                     

WHAT TEST CONFIRMED DIAGNOSIS?                       
(Signed)                      M. D.  
10/10, 1928 (Address) Deputy Coroner

\*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 Forest Hill Cemetery DATE OF BURIAL 10-15 1928

20. UNDERTAKER Clyde Funeral Home ADDRESS 1800 Linwood

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.

3 (10.1.1988)

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