

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

Do not use this space.

7369

1. PLACE OF DEATH

County New Madrid
Township " "
City " " (Name)

Registration District No. 604
Primary Registration District No. 3802

File No. 27
Registered No.
St. Ward

2. FULL NAME

Sam 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Willis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-9-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 | 1 | 6

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) New Madrid Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Lucas Willis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Gaynes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no
(STATE OR COUNTRY)

14. INFORMANT Mr. Sam Willis
(Address) New Madrid

15. FILED 2/16-29 W. H. Bacon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-15-1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1924 to Feb 15, 1929
that I last saw alive on Feb 15, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia

CONTRIBUTOR (SECONDARY)
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH no DATE OF
WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W. H. Digges, M. D.
, 19 (Address) New Madrid

*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 Bergreen Cem DATE OF BURIAL 2-16 1929

20. UNDERTAKER Richard Ind. Co ADDRESS New Madrid

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.

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