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

Do not use this space.

9701

File No.

Registered No. 411

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME George Weeden Willis

(a) Residence. No. 1130 Krug Park Place St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb, 6, 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	1	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Attorney.

(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) Waterville, N.Y.

PARENTS

10. NAME OF FATHER George Willis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Waterville, N.Y.

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT R.L. Douglas
(Address) 1130 Krug Park Place

15. FILED MAR 28 1929, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 27, 1929 19

17. I HEREBY CERTIFY, That I attended deceased from Viewed body, 19, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 12.30 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide, by disembowelling self with razor, at 1130 Krug Park pl

168

(duration) yrs. mos. ds.

CONTRIBUTORY (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) B.W. Tadlock Coroner M.D.

3/27/1929 (Address) St Joseph 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 Lawrence, Kansas

DATE OF BURIAL Mar, 28, 1929

20. UNDERTAKER Walter Meinhoffer

ADDRESS 1302 Faraon St.

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.