

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

Do not use this space.

27708

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 100

Place of Registration District No. 100

File No. 27708

Registered No. 2047

St. _____ Ward _____

2. FULL NAME

Chas. Willis Stillwell Jr.

(a) Residence. No. Overland Park 87th

Halmes Road
(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)

Single

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

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

Jan - 27 - 1924

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>5</u>	<u>6</u>	<u>11</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

Johnson Co. Kansas

(STATE OR COUNTRY)

10. NAME OF FATHER

Chas. Stillwell

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Alma E. Hill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14.

INFORMANT

(Address) 87th Halmes Overland Park, Mo.

15.

FILED

8/8, 1929 M.M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug - 8 1929

17.

I HEREBY CERTIFY, That I attended deceased from _____, 1929, to Aug 8th July 25th, 1929, and that I last saw him alive on Aug 7th 1929, and that death occurred, on the date stated above, Aug 8th 1929 at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular Meningitis
24th

(duration) yrs. mos. ds.

CONTRIBUTOR (SECONDARY)

32 W
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home - Overland Park, Mo.

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) E. H. H. H. M. D.
8/8, 1929 (Address) 3504 Troost av. Kansas City, 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

DATE OF BURIAL

Shawnee Cemetery Aug 9 1929

20. UNDERTAKER

H. E. Sulien

ADDRESS

Olathe Mo

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.

