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.

FEB 23 1932

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan, Registration District No. 85 — File No. 173

5 Township, Primary Registration District No. 1001 — Registered No. 9

9 City St. Joseph. (No. 2302 South 7th Street. St. Ward)

2. FULL NAME Noah Edward Willis.

(a) Residence, No. 2302 South 7th Street. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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) January 7, 1883.

7. AGE: YEARS 48 — MONTHS 11 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common Laborer.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year) December 1931
11. Total time (years) spent in this occupation 35Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Smith County. Kansas. 2

FATHER

13. NAME Richard Willis.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown. Kentucky.

MOTHER

15. MAIDEN NAME Levicia Miller.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt County. Missouri. 1

17. INFORMANT (ADDRESS) Mrs Lizzie Bell Weese. 2302 South 7th Street.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Olivet Cem DATE Jan 5 1932

19. UNDERTAKER (ADDRESS) H O Sidenfadin 1802 Union Street.

20. FILED JAN 4 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1932 to Jan 3, 1932
I last saw him alive on Jan 2, 1932 Death is said to have occurred on the date stated above, at 3:35A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
23A Pulmonary T.B. left.	Unknown

Other contributory causes of importance: 23

Name of operation none Date of
What test confirmed diagnosis? Physical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 1
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J R Elliott, M. D.
(Address) 824 Edmond St.