

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

Do not use this space.

3889

1. PLACE OF DEATH

12 County Butler Registration District No. 91
 Township Black River Primary Registration District No. 5135
 City (No.) St. Ward

File No. _____
 Registered No. 8

2. FULL NAME

Cletus Willard
 (s) Residence, No. Near Hendrickson 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) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) X
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 X X hrs. min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

FATHER 13. NAME Otto Willard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co Mo.

MOTHER 15. MAIDEN NAME Alice Kato

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bullina Co Mo

17. INFORMANT (ADDRESS) Otto Willard
Hendrickson 7-00

18. BURIAL, CREMATION, OR REMOVAL PLACE Kennett Mo DATE Feb. 22 1932

19. UNDERTAKER (ADDRESS) Beverly Funeral Home
Poplar Bluff Mo

20. FILED 7 21 1932 C. C. Sullivan Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 9:30 A m.
 The principal cause of death and related causes of importance were as follows:

congestive heart failure
38
Did we see this child it died before doctor could arrive
 Other contributory causes of importance _____
38 (5)
 Date of onset _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) Garth Green Lechner, M. D.
 (Address) Poplar Bluff, Mo.

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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