FEB 27 1934

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

Do not use this space.

1969

1. PLACE OF DEATH

County New Madrid — Registration District No. 604 — File No. 450

72 Township La Sauk — Primary Registration District No. 5802 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Jerry Willett

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

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 M

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) Dous Kin

7. AGE YEARS about MONTHS 55 yrs DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) New Madrid Co

FATHER

13. NAME Dous Kin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dous Kin

MOTHER

15. MAIDEN NAME Dous Kin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dous Kin

17. INFORMANT (ADDRESS) J. L. Blanchard Portsmouth Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Co Farm DATE 1/27 1934

19. UNDERTAKER (ADDRESS) None

20. FILED 2/2 1934 W. M. Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933, to Jan 27th, 1934

I last saw him alive on Jan, 1934. Death is said to have occurred on the date stated above, at — m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Pulmonitis

Other contributory causes of importance:

(TB)

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) W. M. Bannon, M. D.

(Address) Co Health Office New Madrid, 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.