

MAY 25 1934

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

Do not use this space.

15408

1. PLACE OF DEATH

101 County Jackson Registration District No. 637 File No. _____
Township Jackson Primary Registration District No. 6084 Registered No. 2
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Sydia Margaret Willis
(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-14-1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
89 2 9

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

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) MO

13. NAME Williams Lewis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

15. MAIDEN NAME Mary Boyce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) Geo Willis

18. BURIAL, CREMATION, OR REMOVAL PLACE Reitor cem. DATE Apr. 15, 1934

19. UNDERTAKER (ADDRESS) none

20. FILED Apr. 15, 1934 Mrs. Guy Sappugh Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1934

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 5 p m.

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

unattended
stroke
stroke

Other contributory causes of importance:

stroke
paralytic stroke

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 _____ (a)

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify no health officer at this place

(Signed) No. R. physician present M. D.

Mrs. Guy Sappugh (Registrar)

Reitor 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.

THE UNIVERSITY OF CHICAGO

DEPARTMENT OF CHEMISTRY

LABORATORY OF ORGANIC CHEMISTRY

CHICAGO, ILLINOIS

RECEIVED

APR 15 1954

FROM

DR. R. M. WATSON

TO

DR. J. H. HARRIS

RE

RESEARCH REPORT

NO. 100

DATE

APR 15 1954

BY

DR. R. M. WATSON

DR. J. H. HARRIS

DR. R. M. WATSON