

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

30288

SEP 17 1924

**1. PLACE OF DEATH**

County Pennscoot  
Township.....  
City Canthussville (No. ....)

Registration District No. 601  
Primary Registration District No. 4388

File No.....  
Registered No. 104  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Canthussville 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 m 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 Laura Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-16-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 9 3

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

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

10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation. 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

13. NAME Marion Willis

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

15. MAIDEN NAME Emily Banks

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

17. INFORMANT J. F. Willis (ADDRESS) Canthussville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fun. Co. Canthussville, Mo. DATE 8-20-1934

19. UNDERTAKER (ADDRESS) H. S. Smith, Canthussville, Mo.

20. FILED Aug-20, 1924 E. A. Martin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19-1934

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 4 P. m.

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

acute Dilatation of Heart  
Valvular condition  
Other contributory causes of importance: See Dead

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) J. W. Hodges M. D.  
(Address) Hayden, Mo.

The following table shows the results of the experiment...

TABLE I

Group	Mean	Standard Deviation
Control	10.5	1.2
Exercise	12.3	1.5

The data indicates a significant difference between the control and exercise groups...

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