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.

JAN 23 1936

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

Do not use this space.

39740

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 4882
City Kansas City (No. 5725, Lydia St. Ward)

2. FULL NAME William Edgar Willis
(a) Residence, No. Gilliam, Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 0 yrs. 3 mos. 9 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): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Nannie Davison Willis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 5, 1861

7. AGE: YEARS 74 — MONTHS 5 — DAYS 17 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Telephone Exchange
10. Date deceased last worked at this occupation (month and year): August 1926
11. Total time (years) spent in this occupation: 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cambridge Missouri

FATHER
13. NAME: ~~[illegible]~~ James Iasic Willis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Margaret McCormick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs. W. E. Willis 5725 Lydia - KC

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gilliam, Mo DATE Dec. 24 1935

19. UNDERTAKER (ADDRESS): Jones & Salzer Slater, Mo.

20. FILED Dec 23 1935 M M Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1935 to Dec 22, 1935
I last saw him alive on Dec 22, 1935 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate	

Other contributory causes of importance: None

Name of operation: Cystoscopy Date of Dec 21 35
What test confirmed diagnosis? Weak 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: ERNEST W. CAVANESS, M. D. 652 BOARD OF TRADE BUILDING
Nature of injury: KANSAS CITY, MO.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Ernest W Cavaness, M. D.
(Address) 652 Board of Trade Bldg