

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

MAY 21 1937

16581

1. PLACE OF DEATH

County JACKSON

Registration District No. 398

File No. 16581

Township

Primary Registration District No. 3019

Registered No. 159

City INDEPENDENCE

(No. INDEPENDENCE SANITARIUM)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME WINTON CHURCHILL WILLS

(a) Residence, No. 124 E. LINDEN St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 29, 1937 19

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

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1937, to April 29, 1937

I last saw him alive on April 29, 1937 Death is said to have occurred on the date stated above, at 6:55A m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT. 16, 1920

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16 6 13

Date of onset 4-23-37

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

Bilateral lobar pneumonia

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

Other contributory causes of importance: 110

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

Influenza 4-20-37

12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY MISSOURI

13. NAME L. RAYMOND WILLS

Name of operation none Date of \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) PECULIAR MISSOURI

What test confirmed diagnosis? Clinical Was there an autopsy? no

15. MAIDEN NAME HILDA P. CONN

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) HARTWELL MISSOURI

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT L. R. WILLS (ADDRESS) 124 E. LINDEN AVE. INDEP. MO.

Manner of injury \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE PECULIAR MO. DATE MAY 1, 1937 19

Nature of injury \_\_\_\_\_

19. UNDERTAKER STAHL'S FUNERAL HOME. (ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

24. Was disease or injury in any way related to occupation of deceased? no

20. FILED 5-3-37 F. L. Cook Registrar.

If so, specify \_\_\_\_\_

(Signed) C. H. Allen, M. D.

(Address) Independence, Mo.

