

FEB 16 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondolet
City Heeh

Registration District No. 96
Primary Registration District No. Rock Hosp

File No. 4187
Registered No. 234
St. _____ Ward _____

2. FULL NAME

Lacy Willmore

(a) Residence, No. 2731 Henrietta St., _____ Ward. St. Louis Mo
(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 Male 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) 1-10-13

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 0 24

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) Bounds, Missouri

13. NAME George Willmore

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coldwater, Mo.

15. MAIDEN NAME Margaret Twidwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coldwater Mo.

17. INFORMANT Histo. v (ADDRESS) Rock Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Caldwate DATE Feb 5

19. UNDERTAKER Geo. Howard Lewis (ADDRESS) Endwell Mo

20. FILED 2-3 19 38 Missouri Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-3-38 19

22. I HEREBY CERTIFY, That I attended deceased from 1-17-38, 19, to 2-3-38, 19.

I last saw him alive on 2-3-38, 19. Death is said

to have occurred on the date stated above, at 12:15P

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

Pulmonary Tuberculosis
Laryngeal Tuberculosis

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? NO 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) H. O. Rocker, M. D.

(Address) Rock Hospital

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.

