REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 129 — File No. 6341
Township [illegible] — Primary Registration District No. 5180 — Registered No. 1
City [illegible] (No. ..... St. ..... Ward)

2. FULL NAME Margaret Eileen Wills 420
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 14, 1934
7. AGE: YEARS 3 — MONTHS 6 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

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

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12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER
13. NAME: Jesse R. Wills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bollinger Co. Missouri

MOTHER
15. MAIDEN NAME: Fern McClard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cape County Missouri

17. INFORMANT (ADDRESS): Jesse R. Wills, Cape Girardeau Route
18. BURIAL, CREMATION, OR REMOVAL
PLACE Indian Creek Cem DATE 2-8-1938
19. UNDERTAKER (ADDRESS): Haman's Funeral Home, Cape Girardeau, Mo.
20. FILED 2/8-1938 E. J. Schoen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): February 6, 1938
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 7:25 P m.
The principal cause of death and related causes of importance were as follows: Date of onset
We the Jury sworn to by E.R. Trickey Coronerof Cape Girardeau County, St of Missouri in Inquest of Cause of death of Margaret Eileen Wills after being duly sworen do find that
Other contributory causes of importance:
the above named deceased came to her death, by natural Causes unkown to the Jury.
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.
At her Home [illegible]
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. R. Trickey, Coroner, M.D.
(Address) 4 S. Pacific St Cape Girardeau 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.