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

REC'D MAR 10 1939

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

Do not use this space.

8145

1. PLACE OF DEATH
County Wayne
Township Lost Creek
City ..... (No. ....., ... St. 4 Ward)

Registration District No. 892
Primary Registration District No. 6189

File No. .....
Registered No. .....

2. FULL NAME 420 Elvin Wills

(a) Residence, No. ..... 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*): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2, 23, 39

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Wayne County Mo.

FATHER
13. NAME Elvin Wills
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Mo.

MOTHER
15. MAIDEN NAME Irene Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Mo.

17. INFORMANT (ADDRESS) Elvin Wills

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warnick Cravyard DATE 2, 23, 1939

19. UNDERTAKER (ADDRESS) .....

20. FILED Feb. 23, 1939 Mrs. Hattie McGhee Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2, 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2, 23, 1939, to 2, 23, 1939
I last saw her alive on Still born, 1939 Death is said to have occurred on the date stated above, at 4 a.m. 400 A.M.
The principal cause of death and related causes of importance were as follows:

Toxemia, Eclampsia of mother

Date of onset

Other contributory causes of importance:

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) Dr. John H. Nuhn, M. D.
(Address) Purico, Mo.