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.

AUG 11 1939

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

Do not use this space.

25972

1. PLACE OF DEATH
County Jasper
Township MINERAL
City ~~[illegible]~~ WEBB CITY
Registration District No. 413
Primary Registration District No. 5559.C.
File No.
Registered No. 41
(No. TUBERCULOSIS HOSPITAL. St. Ward)

2. FULL NAME J. Florence Willis N-M-G Buchanan Co
(a) Residence, No. 925 Morgan St., Ward. St Joseph
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 6 mos. 1 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Fred Willis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 17-1871
7. AGE YEARS 68 MONTHS 3 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Indiana

FATHER
13. NAME B. Shettlesworth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Jane Potter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Records
18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph, Mo DATE July 25 1939
19. UNDERTAKER (ADDRESS) Webb City Und Co. Webb City Mo.
20. FILED JULY 23. 39 19 [illegible] M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1939, to July 23, 1939
I last saw her alive on July 23, 1939. Death is said to have occurred on the date stated above, at 3:20 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Tuberculosis

Other contributory causes of importance: 2 2

Name of operation None Date of
What test confirmed diagnosis? Sec. Spa 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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Jesse E. Douglass, M. D.
(Address) Webb City

RECEIVED
District Health Officer No. 6,
District File Number 839-1528
Date Filed AUG 8 1939