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

Do not use this space.

23773

56

1. PLACE OF DEATH

County Clay

Registration District No. 201

Primary Registration District No. 5280

File No. 56

Registered No.

Township Liberty

City Liberty

St. Ward

2. FULL NAME Mattie Wills

(a) Residence, No. N Water St., St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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 Negro	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 5 - 1866

7. AGE YEARS 67 MONTHS 11 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

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. for self

10. Date deceased last worked at this occupation (month and year) ...yrs

11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Humbolt Kansas

13. NAME —

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noble Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Georgia Butler Adams, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 7/10/34

19. UNDERTAKER (ADDRESS) Christ Carthy Co Liberty, Mo

20. FILED 7/10 1934 S T Brent Registrar Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9 - 34

22. I HEREBY CERTIFY, That I attended deceased from Apr , 1934 to , 19

I last saw her alive on May 23 , 1934 Death is said to have occurred on the date stated above, at 6-48 p.m.

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

Carcinoma of Stomach

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) Wm H Goodson , M. D.

(Address) Liberty, Mo