

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

Do not use this space.

**JUL 10 1937**

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City

Registration District No. 399  
Primary Registration District No. 1902

File No. 22863  
Registered No. 22863  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Evelyn Louise Willis

(a) Residence, No. 454 N. MAIN, 1st. B. N. Y. Mo.  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE Negro 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) April 19, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
4 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Lattin, Mo.

13. NAME John L. Willis

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

15. MAIDEN NAME Ada Lewis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Liberty, Mo.

17. INFORMANT (ADDRESS) John L. Willis, Liberty, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE June 22, 1937

19. UNDERTAKER (ADDRESS) Chapman-Orchard Co, Liberty, Mo.

20. FILED June 21, 1937 M. M. Brown Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21-1937

22. I HEREBY CERTIFY, That I attended deceased from 6-18-1937 to 6-21-1937

I last saw him alive on June 21, 1937 Death is said to have occurred on the date stated above, at S.A. Mo.

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

Laryngismus Stridulus 6-21  
Rachitis

Other contributory causes of importance g/a

Spastic Paralysis

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis Clinical as 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? No

If so, specify \_\_\_\_\_ (Signed) W. H. ... M. D.  
(Address) 1722 S. 18th St. K.C. 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.

