

FEB 4 1936

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

Do not use this space.

696

1. PLACE OF DEATH

County Cooper Registration District No. 218
Township _____ Primary Registration District No. 3015
City Boonville (No. _____) _____ St. _____ Ward _____

File No. _____

Registered No. 13

2. FULL NAME Fred O. Willers

(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 Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 1877

7. AGE YEARS 59 MONTHS _____ DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Filling Station Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gas Station

10. Date deceased last worked at this occupation (month and year) Jan 25 1936 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

13. NAME Fred Willers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Minnie Holsfester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co. Mo.

17. INFORMANT (ADDRESS) Arthur Willers Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamestown Mo. DATE Jan 28 1936

19. UNDERTAKER (ADDRESS) Goodman & Holley Boonville Mo.

20. FILED Jan 27 1936 D. E. Cooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26th 1936

22. I HEREBY CERTIFY, That I attended deceased from May 1935, to January 26 1936
I last saw him alive on January 26 1936 Death is said to have occurred on the date stated above, at 8 a.m.

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

Cerebral Hemorrhage

Date of onset Jan 26 1936

Other contributory causes of importance: General Atherosclerosis 1935

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) J. C. Fincher, M. D.
(Address) Boonville 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

