

Do not write
296 1798

In this space

1. PLACE OF DEATH: County Sumner city Wellington

Township _____

Registered No. 54or City Wellington No. 107 So C Street St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)2. FULL NAME Robert E Willett(a) Residence No. 107 South C Street 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. An. How long in U. S. if of foreign birth? yrs. mos. da.

Was deceased ever a member of the Army, Navy, or Marine Corps of the United States? _____

If ex. state Organization _____

Rank _____

Period of service _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married

6a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElizabeth Willett6. DATE OF BIRTH (month, day, year) Mar 7, 18847. AGE Years Months Days If LESS than 1 day, hrs. or min.
50 2 3

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Retired Base ball player9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter

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) No Car13. NAME Robert Willett14. BIRTHPLACE (city or town) (State or country) Maryland15. MAIDEN NAME W. C. C. C.16. BIRTHPLACE (city or town) (State or country) Wingshina17. INFORMANT Mr. Alvin Carpenter
(Address) Wellington, Kan.18. BURIAL, CREMATION, OR REMOVAL Place Calderwell, Ky. Date May 14, 193419. UNDERTAKER W. C. C. C.
(Address) Wellington, Kansas20. FILED May 14 1934 Bernice A. Lindberg
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) May 10 - 193422. I HEREBY CERTIFY, That I attended deceased from May 10 - 1934, to _____I last saw deceased alive on May 10 - 1934, death is said to have occurred on the date stated above at 7 A.M.

The principal cause of death and related causes of importance in order of importance are as follows:

Disturbance of Circulation of Arteries Date of onset _____

Contributory causes of importance not related to principal cause: _____

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) W. C. C. C. M. D.(Address) Wellington, Kansas