

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County PettisTownship Luganash

or

Village

or

City

Registration District No. 666File No. 11609Primary Registration District No. 5898Registered No. 7

St. Ward

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Christian Witzig

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widower</u>
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DATE OF BIRTH 11-3-1831
(Month) (Day) (Year)AGE 85 yrs. 4 mos. 11 ds. If LESS than 1 day, hrs. or min.?OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE
(City or town, State or foreign country) Germany

PARENTS	NAME OF FATHER <u>ANK</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Germany</u>
	MAIDEN NAME OF MOTHER <u>ANK</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Germany</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jas Witzig

(ADDRESS)

15

Filed _____, 191____

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 3-14-1917
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Nov 1, 1916, to 3-14, 1917, that I last saw him alive on 3-14, 1917, and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

11 D. La Grippe
7781

(Duration) yrs. mos. ds.

Contributory Arterio-sclerosis
(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) _____ M. D.

_____, 191____ (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted If not at place of death?

Former or usual residence.

PLACE OF BURIAL OR REMOVAL

BethlehemDATE OF BURIAL 3-15, 1917ADDRESS BethlehemUNDERTAKER Wright

PLACE OF DEATH

County _____

Township _____

or

Village _____

or

City _____

Registration District No. _____

File No. _____

Primary Registration District No. _____

Registered No. _____

(NO. _____)

St. _____ Ward _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
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DATE OF BIRTH

_____, _____, 191____, _____
(Month) (Day) (Year)

AGE

_____, _____ mos., _____ ds.
If LESS than
1 day, _____ hrs.
or _____ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE

(City or town, State or foreign country)

NAME OF FATHER

BIRTHPLACE OF FATHER

(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

191____

REGISTRAR

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

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

_____, _____, 191____
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from

_____, 191____, to _____, 191____

that I last saw him alive on _____, 191____

and that death occurred, on the date stated above, at _____ in _____

The CAUSE OF DEATH* was as follows:

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory

(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) _____

M. D. _____

(Address) _____

*State the Disease Causing Death, or, in dealing from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

191____

UNDERTAKER

ADDRESS