

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

48533

1. PLACE OF DEATH

County..... Registration District No. 701 File No. 12499
 Township..... Primary Registration District No. 200 Registered No. 12499
 City St. Louis (No. 2912) W. Newstead St. Ward (.....)

2. FULL NAME

Rev. S. Withington
 (a) Residence. No. 0917 W. Newstead St. W. 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 OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Withington

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1893-9-2

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>25</u>	<u>7</u>	<u>29</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Fireman
 (b) General nature of industry, business, or establishment in which employed (or employer) Locomotive
 (c) Name of employer Mo. Pac. R.R.

9. BIRTHPLACE (CITY OR TOWN) Pacific, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER J. T. Withington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pacific, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Annette Gardner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pacific, Mo.
 (STATE OR COUNTRY)

14. INFORMANT Alice Withington
 (Address) 2917 W. Newstead

15. FILED 19 Mar 6 Starkeoff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 1, 1915

17. I HEREBY CERTIFY, That I attended deceased from Nov. 25, 1915, to Dec. 1, 1915, that I last saw him alive on Nov. 16, 1915, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

(duration) yrs. mos. ds. 10
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH at place of death

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) R. S. ... M. D.
Dec 1, 1915 (Address) 4708 Newstead

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pacific, Mo. DATE OF BURIAL 12/3 1915

20. UNDERTAKER Wm. Ambrose Underhill ADDRESS 4239 Manchester

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

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.

