

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

Do not use this space.

37164

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Kanawha

Primary Registration District No. 1002

City Kansas City, Mo.

St. St. Luke's

File No.

Registered No. 4989

St. Ward)

2. FULL NAME

(a) Residence No. Joseph De Witt 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

Leah DeWitt

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

Feb 15 - 1890

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>10</u>	<u>16</u>	<u>—</u>

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Dairy man
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas City Mo

10. NAME OF FATHER

Charles DeWitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Bethie Delmpman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

14.

INFORMANT

(Address)

Leah DeWitt
Hickman Mills Mo

15.

FILED

31. 27 m. m. Brown
Assoc REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12-31 1927

17.

I HEREBY CERTIFY, That I attended deceased from Oct 1, 1927, to Dec 31, 1927, that I last saw him alive on Dec 31, 1927, and that death occurred, on the date stated above, at 11 a m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Mitral Stenosis
General edema

117 B

92 A

CONTRIBUTORY (SECONDARY)

Abdominal ulcer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1. DID AN OPERATION PRECEDE DEATH

DATE OF Dec 29

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

X-ray
A. A. Pfeiffer, M.D.
12-31, 1927 (Address) Medical Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Memorial Park Bury Jan 3 - 1928

20. UNDERTAKER

ADDRESS

J. H. Wagner 1409 1/2 Grand Ave

NOTE.—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.

RECORD

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