

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

Do not use this space.

Li 024007

1. PLACE OF DEATH

County *Jackson*

Registration District No.

Township *Hart*

Primary Registration District No.

City *Kansas City* (No. *3226 Spruce*)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. *3226 Spruce* St.,

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred *40 yrs.*

mos.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

f

4. COLOR OR RACE

wh.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Irvin H. Le Witt

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

May 20, 1870

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

58

2

3

8. OCCUPATION OF DECEASED

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

Housewife

(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)

Alton Ill.

10. NAME OF FATHER

John K. Necht

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Germany

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

*Irvin H. Le Witt
3226 Spruce*

15.

FILED

*7-23-78 M. H. Craue
Asst REGISTRAR*

MEDICAL CERTIFICATE OF DEATH

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

July 23 1928

17.

I HEREBY CERTIFY, That I attended deceased from *Dec 1922*

Dec 1927, to *Dec 1927*, 19

that I last saw h. *as* alive on *Dec 1927*, 19, and that death occurred on the date stated above, at *5:40 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Epilepsy
had not seen her for 6 or 8 mos
85
several years* (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

John Towns

1928

(Address) *2726 Indiana*

*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

Forest Hill Cemetery July 26 1928

20. UNDERTAKER

ADDRESS

A. H. Newcomer 1005 N. 6th

WRITE PAINLY, 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.

27th 9. 6. 1914
Sun. 0. 11. 1
7. 1. 1.