

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1092
 City Kansas City (No. 1316 East 9th St)

File No. 27460
 Registered No. 3530
 St. _____ Ward _____

2. FULL NAME

Paul W. H. Dewitz
 (a) Residence. No. 1316 East 9th St St. 1 Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Mrs. Helen J. Dewitz
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 17, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 0 6
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Advertising Man
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Hanover
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown
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) Germany

14. INFORMANT Mrs. Helen J. Dewitz
 (Address) 1316 East 9th St

15. FILED Sept. 28 M. M. Crowe
 1928 Assr REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 23, 1928
17. I HEREBY CERTIFY, That I attended deceased from _____
June 2, 1928, to Aug. 22, 1928
 that I last saw him alive on Aug. 22, 1928, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Coronary Arteriosclerosis
Nephritis
1290 131
 (duration) 2 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Unknown
 (duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Abdominal Exam.
 (Signed) [Signature], M. D.
8/24, 1928 (Address) 1303 Washington St.
 *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 Cremation **DATE OF BURIAL** Aug 25 1928

20. UNDERTAKER D. H. Newcomers Sons **ADDRESS** 2116 E. 9th St.

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.

Rev. M. D. Hays
1303 Madison Bldg.
10-11:30 1-6