

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

Do not use this space.

43405

1. PLACE OF DEATH

County
Township
City Athenis Mo (No. 3140 Maurry)

Registration District No. 791
Primary Registration District No. 1002

File No.
Registered No. 12717
St. Ward)

2. FULL NAME

(a) Residence. No. 3140 Maurry St. 16 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emily Witzig</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 20-1873</u>		
7. AGE <u>55</u>	YEARS <u>6</u>	MONTHS <u>5</u>
	IF LESS than 1 day, hrs. or min.	
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Salesman</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Merchant</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Athenis Mo
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Emil Witzig</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Athenis Mo</u> (STATE OR COUNTRY)
	12. MAIDEN NAME OF MOTHER <u>Levir Knorr</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>France</u> (STATE OR COUNTRY)

14. INFORMANT Emily Witzig
(Address) 3140 Maurry Ave Athenis Mo

15. FILED Dec 27 1928 Max C. Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-25 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov. 2 1928, to Dec. 25 1928 that I last saw him alive on Dec. 25 1928, and that death occurred, on the date stated above, at 8:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

181
99
Chronic Parenchymatous Nephritis (duration) 2 yrs. mos. ds.
CONTRIBUTORY Arterio sclerosis (SECONDARY) (duration) 2 yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Walter P. Drumm, M. D.

12-26 1928 (Address) 3146 Morganford
*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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL Lakewood Memorial Park DATE OF BURIAL 12-28 1928
ADDRESS Weick Bros 2201 So Grand Blvd

WRITE FAINTLY, 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.

