

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

Do not use this space.

5134

1. PLACE OF DEATH

County Sullivan
Township Belleville
City Belleville (No. St. Ward)

Registration District No. 857
Primary Registration District No. 4518

File No.
Registered No. 14

2. FULL NAME

Minerva Jane De Witt

(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

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

Female White Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED—

HUSBAND OF
(OR) WIFE OF

Henry S. De Witt

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

Nov. 22, 1842

7. AGE

YEARS

MONTHS

DAYS

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

86 1 28

8. OCCUPATION OF DECEASED

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

Ex House Wife

(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)

Belleville
Ohio

10. NAME OF FATHER

John Milhaan

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

12. MAIDEN NAME OF MOTHER

Eliza Starkey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Penn.

14. INFORMANT

(Address)

Thos. De Witt
Green City, Mo.

15. FILED

1-23

1929

Per the McCleary
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Jan 20, 1929

17.

I HEREBY CERTIFY, That I attended deceased from Aug. 30, 1928 to Jan. 20, 1929
that I last saw her alive on Jan. 17, 1929, and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis
131

several
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

129 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. L. Garner, M. D.

1/22, 1929 (Address) Milam, Mo.

*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

Henry Cam. Reger, Mo. Jan 22, 1929

20. UNDERTAKER

ADDRESS

C. A. Schoene Milam Mo.

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.

