

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

Do not use this space.

7168

MAR 23 1929

1. PLACE OF DEATH

County Linn
Township Wheeling
City John M. De With (No. 576)

Registration District No. 576
Primary Registration District No. 5762

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 28 yrs. — mos. — da. How long in U.S., if of foreign birth? yrs. mos. da.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 24-1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
81 4 28

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER James De With

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ellen Battle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Illinois
(STATE OR COUNTRY)

14. INFORMANT D. M. De With
(Address) Rt. 2, Wheeling Mo

15. FILED 4/23, 1929 Walsrope

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 22 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 14, 1929 to Feb 22, 1929
that I last saw him alive on Feb 22, 1929, and that death occurred, on the date stated above, at 7:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

arteri sclerosis
(duration) 5 yrs. mos. da.
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at Place of Death
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) W. Walsrope, M. D.

4/23, 1929 (Address) Wheeling 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 Wheeling Mo DATE OF BURIAL Feb. 24 1929

20. UNDERTAKER Frank R. Smiley Wheeling Mo ADDRESS _____

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.

