

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

Do not use this space.

10057

1. PLACE OF DEATH
County Cooper Registration District No. 27
Township Lebanon Primary Registration District No. 630
City _____ (No. _____) St. _____ Ward _____
2. FULL NAME Marques Z Wittman
(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 25 yrs. mos. da. How long in U.S., if of foreign birth? 73 yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Thodore Wittman
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 - 1848
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 4 10
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work No occupation
(b) General nature of industry, business, or establishment in which employed (or employer) Invalid
(c) Name of employer Lived in home of son

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

10. NAME OF FATHER Conrad Zinn

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

12. MAIDEN NAME OF MOTHER Barbara Langlotz

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

14. INFORMANT Wm. Wittman
(Address) Ottumville Mo

15. FILED 3/10 1929 19 1 10 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 7th 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 27, 1929, to March 7, 1929
that I last saw him alive on March 1, 1929, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial infarction
(duration) _____ yrs. mos. 20 da.

CONTRIBUTORY (SECONDARY) Hypertension left kidney
(duration) 2 yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical X-ray
(Signed) Charles D. Shaw, M. D.
, 19 (Address) Ottumville 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 Ottumville Cemetery DATE OF BURIAL Mar 10 1929

20. UNDERTAKER J. H. Spencer ADDRESS Ottumville

1929
27
0
0
26
10
10
10
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.

