

X. 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.

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

Do not use this space.

1. PLACE OF DEATH

County Holt
Township Highville
City Highville (No.)

Registration District No. 668
Primary Registration District No. 5887

File No. 30740
Registered No. 240
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

Wm. Witcher

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 11 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) House work.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Waukegan, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Oreston Dane

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Francis Brockman

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

14. INFORMANT Claud Witcher
(Address) Nevada, Mo.

15. FILED 9-19, 1930 J. L. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-18 1930

17. I HEREBY CERTIFY, That I attended deceased from Unaided body to Unaided body, 1930, and that death occurred, on the date stated above, at Unaided body.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Died unattended, very suddenly, probably organic heart trouble

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Bishop, coroner, M. D.
, 19 (Address) Sedalia, 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

Fairview Cemetery Sept 20, 1930
20. UNDER W. J. Bishop ADDRESS Sedalia, Mo.

