

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

Do not use this space.

1. PLACE OF DEATH **U.S.V.Hosp.**

County **Jackson**

Township **Kaw**

City **Kansas City, Mo.**

Registration District No. **399**

Primary Registration District No. **1002**

(No. **U.S.V. Hospital** St. **947** Ward)

5853

File No.

Registered No.

2. FULL NAME **WITTEN, James B**

C-None

WOE

(a) Residence. No. **1029 Myrtle Ave.** St. **R**

(Usual place of abode) **Kansas City, Missouri**

Ward. **Pvt. Co A 7th Reg. Mo. Cav.**

(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 Male | 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 **Mrs. Louie Witten**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **February 11, 1834**

| | | | | |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
| | 97 | 0 | 15 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **None**

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Ohio**

(STATE OR COUNTRY)

10. NAME OF FATHER **Unknown**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown**

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**

(STATE OR COUNTRY)

14. INFORMANT **Mrs. Louie Witten (wife)**

(Address) **1029 Myrtle Ave., Kansas City, Mo.**

15. FILED **2/26 1931** **m. m. Cramer** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Feb. 26, 1931**

17. I HEREBY CERTIFY, That I attended deceased from **February 24, 1931** to **February 26, 1931** (that I last saw him alive on **February 26, 1931** and that death occurred, on the date stated above, at **1:27 A.M.** m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis, general, marked and Nephritis, chronic.

131 **Unknown** (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **131** (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? **No** DATE OF

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory**
W. E. CHAMBERS, Med. Officer in Charge.
U.S.V. Hospital, Kansas City, 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 **Mt. Washington** DATE OF BURIAL **2-28 31**

20. UNDERTAKER **D. W. Newcomer** 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.

