WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 28 1931

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

Do not use this space.

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85 — File No. 20568

Township: — Primary Registration District No. 1001 — Registered No. 579

City: St. Joseph, (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME: Cyrus Jacob Witmer

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

Length of residence in city or town where death occurred yrs. mos. 7 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov, 23, 1869

7. AGE: YEARS 61 — MONTHS 6 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer, Retired 12 yrs.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:

10. Date deceased last worked at this occupation (month and year): June, 1919

11. Total time (years) spent in this occupation: 49

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Juda, Wisconsin

FATHER

13. NAME: Samuel Witmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Penn.

MOTHER

15. MAIDEN NAME: Catherine Bowman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Penn.

17. INFORMANT (ADDRESS): C.R. Witmer Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Grant City, Mo. DATE: June, 2, 1931

19. UNDERTAKER (ADDRESS): Walter Meinhoffer 1302 Faraon St. St. Joseph, Mo.

20. FILED: JUN 2 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June, 2, 1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Apl 27, 1931, to June 2, 1931

I last saw him alive on June 1, 1931. Death is said to have occurred on the date stated above, at 5.00 A.M.

The principal cause of death and related causes of importance were as follows:

Causes Rectum — Date of onset: About Jan 1st

46 D

123 B

Other contributory causes of importance:

Name of operation: Colostomy — Date of: Apl 29 31

What test confirmed diagnosis? Bopsy — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. S. Conrad M. D.

(Address) Kirkpatrick Bldg, St. Joseph, Mo.