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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.

SEP 28 1931

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

Do not use this space.

30367

1. PLACE OF DEATH

County Turkey
Township Washington
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 202
St. _____ Ward _____

2. FULL NAME

Sabina Catherine Dewitt

(a) Residence. No. SV Nap # 3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 28 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

Robert Dewitt

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

Sept 7-1854

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.

76

11

21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

William B. Lewis

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. Va.

12. MAIDEN NAME OF MOTHER

Elizabeth Brunk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT
(Address)

Hosp record

15.

FILED

9-1-1931

E. R. King

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 28 1931

17.

I HEREBY CERTIFY, That I attended deceased from July 1, 1931, to Aug 28, 1931.
that I last saw h. er alive on Aug 28, 1931, and that death occurred, on the date stated above, at 9:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis

93C

(duration) ? yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) ? yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? noWHAT TEST CONFIRMED DIAGNOSIS? Chemical sy mptoms(Signed) F. L. Martin, M. D.Aug. 29, 1931 (Address) Nevada 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

Carterville, Penna.

9/1 1931

20. UNDERTAKER

ADDRESS

Webb City Und Co Webb City

