

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

Do not use this space.

30728

1. PLACE OF DEATH

County Case Registration District No. 130
Township Welch Primary Registration District No. 5175
City (No.) St. Ward)

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 80 yrs. 5 mos. 24 ds. How long in U.S., if of foreign birth? 80 yrs. 5 mos. 24 ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-8-1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 5 24

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Case county
(STATE OR COUNTRY)

10. NAME OF FATHER Robert Witt

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

12. MAIDEN NAME OF MOTHER Mary Smith

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

14. INFORMANT R. J. Witt
(Address) Advance mo

15. FILED 9/14/31 J. M. Slagle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/2 130 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 5 1931, to Aug 5 1931, and that I last saw him alive on Aug 4 1931, and that death occurred, on the date stated above, at 1:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

132A
162
ref. hites
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) old age
(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? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) B. R. Reynolds, M. D.

, 19 (Address) Advance 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 Fairview Cem DATE OF BURIAL 9/3 1931

20. UNDERTAKER Lloyd J. Morgan ADDRESS Advance mo

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

OCT 28 1931

