

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

Do not use this space.

43242

File No. _____
Registered No. 31
St. _____ Ward)

1. PLACE OF DEATH

County Frank Registration District No. 903
Township Grant City Primary Registration District No. 4545
City Grant City No. _____

2. FULL NAME

Dora J. Witmer
(a) Residence. No. _____ St., _____ Ward. _____
(Usual place of abode)
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 29, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 8 15

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT

Elizabeth Jocke
(Address) Grant City Mo

15. FILED

1-10-31 John Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1931 to Dec 14 1931 and that I last saw him alive on Dec 14 1931 and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation
Embolus of coronary
artery
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Potter Disease
(duration) yrs. mos. ds.

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) John Andrews M. D.

(Address) Grant City

*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

Grant City Can 12-11-31

20. UNDERTAKER

ADDRESS

Andrews R. C.

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.

MARGIN RESERVED FOR BINDING

