

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

Do not use this space.

7866

File No. 32 -
Registered No. 218 -
St. _____ Ward _____

1. PLACE OF DEATH
County Cooper. Registration District No. _____
Township _____ Primary Registration District No. _____
City Boonville (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Jeroid Witt.
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (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 <u>Male</u> Female | 4. COLOR OR RACE <u>Black</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single.</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 6th 1888</u> | | |
| 7. AGE YEARS <u>43</u> | MONTHS <u>4</u> | DAYS <u>19</u> |
| If LESS than 1 day, _____ hrs. or _____ min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Laborer. 237</u> | |
| | 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) | 11. Total time (years) spent in this occupation |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo. 1</u> | | |
| FATHER | 13. NAME <u>Robert Witt.</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Laura Johnson.</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u> | |
| 17. INFORMANT <u>Josie Baker.</u> (ADDRESS) <u>Boonville Mo.</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cem. Boonville Mo.</u> DATE <u>Mar. 28th 1932</u> | | |
| 19. UNDERTAKER <u>Goodman & Boller.</u> (ADDRESS) <u>Boonville Mo.</u> | | |
| 20. FILED <u>3/26</u> 19 <u>32</u> <u>G. A. Russell.</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/27, 1932, to 3/28, 1932.
I last saw him alive on 3/25, 1932. Death is said to have occurred on the date stated above, at 9:30 A.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary TB
23 A
Date of onset 1930

Other contributory causes of importance: (1)

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) Lee J. Throck M. D.
(Address) Boonville 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.

APR 25 1932

WHILE FILLING IN WITH OUTRADING INFORMATION IS A PERMANENT RECORD

