

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

Do not use this space.



13321

File No.
Registered No.
St. Ward)

1. PLACE OF DEATH

69 County Monroe
Township Washington
City Lafayette (No.)

Registration District No. 5-82
Primary Registration District No. 5780

2. FULL NAME

Francis Ellen De Witt

(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. (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 Elonzo De Witt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1846
7. AGE YEARS 86 MONTHS 3 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. Housewife
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

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark Co Mo
13. NAME George M Powell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware
15. MAIDEN NAME Mary Ann Beatty
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

FATHER 17. INFORMANT (ADDRESS) John F De Witt
18. BURIAL, CREMATION, OR REMOVAL PLACE Shulbina DATE April 13, 1922
19. UNDERTAKER (ADDRESS) E H Hayes
20. FILED Shulbina Mo

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1922
22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1920, to Dec 9, 1920. I last saw him alive on Dec 9, 1920. Death is said to have occurred on the date stated above, at 4: A. m.
The principal cause of death and related causes of importance were as follows:

Atherosclerosis
97
97
Other contributory causes of importance: ①
Name of operation Date of
What test confirmed diagnosis? Living 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
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) J. A. Farnish, M. D.
(Address) Shulbina 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.

-Bayer:

It should be stated that
the statement

we

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Monroe
Township Washington
City Washington (No. St. Ward)

Registration District No. 582
Primary Registration District No. 3780

File No.
Registered No.

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elongg Dewitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1846
7. AGE YEARS 86 MONTHS 3 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Clark Co. Mo.

13. NAME George W. Powell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelbina Mo.

15. MAIDEN NAME Mary Ann Beatty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT John T. Dewitt (ADDRESS) Shelbina Mo.

18. BURIAL, CREMATION, OR REMOVAL Shelbina PLACE DATE Apr 13 32

19. UNDERTAKER E. Hayes (ADDRESS) Shelbina Mo.

20. FILED June 4 32 H. W. Payne Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 11 32

22. I HEREBY CERTIFY, That I attended deceased from 10 o'clock to 11:30 1932

I last saw him alive on Dec 9 1930 Death is said to have occurred on the date stated above, at 4 a m.

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

Arterio sclerosis Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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?

If so, specify

(Signed) J. A. Furnish M. D.

(Address) Shelbina Mo.

5-13321.