

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

Do not use this space.

19183

1. PLACE OF DEATH
37 County Gassouriade Registration District No. 302
Township Clay Primary Registration District No. 6231
City _____ (No. _____ St. _____ Ward _____)

2. FULL NAME Valbert M. Witte Jr.
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Bland Mo.

13. NAME Charles C. M. Witte

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

15. MAIDEN NAME Cora E. Glesne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Safford Mo.

17. INFORMANT (ADDRESS) C. C. M. Witte
Bland Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Haward Cemetery DATE June 19 1932

19. UNDERTAKER (ADDRESS) Wm. Schulte
Amersville Mo.

20. FILED June 20 1932 Ed. Buny 3rd Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18 1932

22. I HEREBY CERTIFY That I attended deceased from June 14 1932 to June 18 1932
I last saw him alive on June 16 1932. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Blue bol
1572
1571
Other contributory causes of importance: _____
Date of onset with

Name of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. E. Spurgeon, M. D.
(Address) Rep. B. H. M.

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.

JUL 22 1932

