

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

Do not use this space.

31664

1. PLACE OF DEATH

County Carroll

Registration District No. 135

Township Carrollton

Primary Registration District No. 3010

City Carrollton (No. 515 " Orchard)

File No. 31664
Registered No. 81
St. 3rd Ward

2. FULL NAME

Xema Ellen De Witt

(a) Residence, No. 515 Orchard St. 3rd 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 ♀ 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-8-1883

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 3 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. X X X
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) Carroll Co Mo (STATE OR COUNTRY) 1

13. NAME John A. Cooper

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) 2

15. MAIDEN NAME Nancy Jane Stanley

16. BIRTHPLACE (CITY OR TOWN) Carroll Co Mo (STATE OR COUNTRY) 1

17. INFORMANT Miss Lydia Cooper (ADDRESS) Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bethel Cem DATE 10-28 1932

19. UNDERTAKER Wells Funeral Home (ADDRESS) Carrollton Mo

20. FILED 10-27 1932 Mrs E. E. Farnham Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-15 1932, to 10-27 1932

I last saw her alive on 10-27 1932 Death is said to have occurred on the date stated above, at 12 a.m.

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

Chronic Cardiovascular Disease
Bright Disease
920
132A

Date of onset
1930
1930

Other contributory causes of importance:

Name of operation..... 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) H. B. DeCover, M. D.

(Address) Carrollton Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 28 1932

SEP 23 1942