

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

Do not use this space.

3809

1. PLACE OF DEATH *Pike*
 82 County Registration District No. *681*
 Township *Quiver* Primary Registration District No. *5912*
 City (No.) St. Ward)

2. FULL NAME *Mary Witmyer*
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred *46* 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 <i>Female</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Henry Witmyer</i> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 6 - 1857</i> | | |
| 7. AGE | YEARS <i>75</i> | MONTHS <i>7</i> |
| | DAYS <i>24</i> | If LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i> | |
| | 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) <i>Middletown</i> | |
| | 13. NAME <i>Stewart Slavens</i> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i> | |
| FATHER | 15. MAIDEN NAME <i>Don't know</i> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Don't know</i> | |
| 17. INFORMANT <i>H. Witmyer</i> (ADDRESS) <i>Boydling Green</i> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mount Purgah</i> DATE <i>Feb. 9</i> 19 <i>33</i> | | |
| 19. UNDERTAKER <i>W. B. C. Emory</i> (ADDRESS) <i>Boydling Green</i> | | |
| 20. FILED <i>3/10</i> 19 <i>33</i> <i>H. B. Emory</i> Registrar. | | |

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-2* 19*33*

22. I HEREBY CERTIFY, That I attended deceased from *June* 19*26* to *2-2* 19*33*
 I last saw him alive on *1-20* 19*33* Death is said to have occurred on the date stated above, at *S.P.M.*
 The principal cause of death and related causes of importance were as follows:
Arteriosclerosis
Chronic Int Hepatitis
Duration 10 yrs

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) *J. H. Wilcox* M. D.
 (Address) *Boydling Green Mo*

WHITE PLAIN, WITH UNFADING INK---THIS IS A PERMANENT RECORD

1933
 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.

