WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 22

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

Do not use this space.

10159

1. PLACE OF DEATH

55 County Lawrence — Registration District No. 470 — File No. 28

4 Township Mt Vernon — Primary Registration District No. 4283 — Registered No.

City City (No. ..... St. ..... Ward)

2 2. FULL NAME W. T. Catts

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Catts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 14-1849

7. AGE: YEARS 83 — MONTHS 11 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Wells Burgwest Virginia

FATHER

13. NAME: Geo Catts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bal. M. D.

MOTHER

15. MAIDEN NAME: Mary Catts
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wells Burgwest Virginia

17. INFORMANT (ADDRESS): Geo Catts Kansas City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: I.O.O.F. Cemetery DATE: 3/31 1933

19. UNDERTAKER (ADDRESS): Phillips & Fossett Mt Vernon Mo.

20. FILED: April 12 1933 W. I. Fulton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933 to Mar. 30, 1933
I last saw him alive on Mar. 29, 1933 Death is said to have occurred on the date stated above, at 1:30 A.m.
The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis — Date of onset before Dec. 1932

131 131

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Lab. 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) P. A. Holmes, M. D.
(Address) Mt Vernon Mo