

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

13987-A

1. PLACE OF DEATH

County Monroe
 Township Howard
 City La Rensselaire (No.)

Registration District No. 582
 Primary Registration District No. 5780

File No. 33
 Registered No. St. Ward

2. FULL NAME

(a) Residence, No. Alberta Hunsley De Witt 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1, 1917
 7. AGE YEARS 16 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

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

13. NAME John F. De Witt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Howard Co. Mo.

15. MAIDEN NAME Edna J. Hunsley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Larned Kansas

17. INFORMANT (ADDRESS) John F. De Witt
La Rensselaire Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Shelbina DATE April 17, 1933

19. UNDERTAKER (ADDRESS) E. Hayes
Shelbina, Missouri

20. FILED July 3, 1933 X. C. Payne
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1932 to April 15, 1933
 I last saw her alive on April 14, 1933. Death is said to have occurred on the date stated above, at 4:15 p. m.

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

Pulmonary Tuberculosis
20 A
739
 Other contributory causes of importance:

Name of operation no Date of
 What test confirmed diagnosis? Clinical 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) J. A. Harrison M. D.
 (Address) Shelbina, Mo.

