

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.

1. PLACE OF DEATH

County Clinton
 Township Atchison
 City Hawer (No. _____)

Registration District No. 205Primary Registration District No. 4123File No. 16046

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(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 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Elizabeth Witt</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 21, 1844</u>		
7. AGE <u>86</u>	YEARS <u>8</u>	MONTHS <u>25</u>
DAYS <u>25</u>		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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) <u>Buchanan Co</u>
	13. NAME <u>Nelson Witt</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Katharyn McCorkle</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Appahe</u>
	17. INFORMANT (ADDRESS) <u>Archie C. Witt</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Allen, Ga</u> DATE <u>May 18, 1933</u>	
19. UNDERTAKER (ADDRESS) <u>J. A. Sullivan</u>	
20. FILED <u>May 17, 1933</u> <u>J. A. Sullivan</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 30, 1933</u>	19
22. I HEREBY CERTIFY, That I attended deceased from <u>Dec 30, 1933</u> to <u>May 16, 1933</u>	
I last saw him alive on <u>May 16, 1933</u> . Death is said to have occurred on the date stated above, at <u>5:45 p.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Coronary artery of Lungs and Stomach</u>	
Other contributory causes of importance: <u>46B</u>	
Date of onset	
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) <u>J. A. Sullivan</u> , M. D. (Address) <u>Hawer, Mo</u>	
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