

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.

19319

1. PLACE OF DEATH

33

County

Township

City

(No

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

17 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

married

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

Mary E. DeWitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec 22 - 1868

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Farmer

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
occupation12. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)

New Jersey

FATHER

13. NAME

Frank DeWitt

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

New Jersey

MOTHER

15. MAIDEN NAME

Emma Patta Brown

16. BIRTHPLACE (CITY OR TOWN).
(STATE OR COUNTRY)

Penn.

17. INFORMANT
(ADDRESS)Frank I. DeWitt
Gladwin, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Under Stone

DATE

6/29

19. UNDERTAKER
(ADDRESS)N. D. Hoken
Salina, Mo.

20. FILED

630

1933

W. E. Ruddle, M.D.
Registrar.

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MEDICAL CERTIFICATE OF DEATH

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

June 28, 1933

22. I HEREBY CERTIFY That I attended deceased from
June 16, 1933, to June 28, 1933

I last saw him alive on June 26, 1933 Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Interstitial Nephritis
chronic
12/13/31
13/1/31
Date of onset 1931

Other contributory causes of importance:

Arteriosclerosis 1928

Name of operation

None

Date of

What test confirmed diagnosis? Special light

Was there an autopsy? V

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO 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)

(Address)

J. P. Sweeney, M.D.
Salina, Mo.

