

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

Do not use this space.

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 763 File No. 20854
 Township Butler Primary Registration District No. 6005 Registered No. 627
 near Louisy City, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME James Washington Titus
 (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 61 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) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF - Caroline Titus (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1839
 7. AGE YEARS 94 MONTHS 3 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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 occupation _____

12. BIRTHPLACE (CITY OR TOWN) Leasburg (STATE OR COUNTRY) Virginia

13. NAME Jeremiah Titus

14. BIRTHPLACE (CITY OR TOWN) not given (STATE OR COUNTRY) _____

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) not given (STATE OR COUNTRY) _____

17. INFORMANT J. N. Titus (ADDRESS) Louisy City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisy City, Cemetery 6/24 1933

19. UNDERTAKER (ADDRESS) H. C. Austin Louisy City, Mo.

20. FILED 6/4 1933 Leo J. Wright Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21 1933

22. I, HEREBY CERTIFY, That I attended deceased from his death June 2, 1933, to June 2, 1933. I last saw him alive on June 2, 1933. Death is said to have occurred on the date stated above, at 11:53 a.m.. The principal cause of death and related causes of importance were as follows:

Arteriosclerosis
2 given to me by his wife
He died
 Other contributory causes of importance: 93
93

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) E. S. Stallen, M. D.
 (Address) Louisy City, Mo.

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 22 1933

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