

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 Pettis

Registration District No. 668

Township Sedalia

Primary Registration District No. 3032

City Sedalia (No. Bothwell Hospital)

File No. 24031

Registered No. 170

2. FULL NAME

(a) Residence, No. Anton Dietrich Witte St. Bothwell Hospital Ward. St.

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 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 Minnie Bauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18 - 1877

7. AGE YEARS 54 MONTHS 10 DAYS 14 If LESS than 1 day, hrs. or min.

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

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) June 27 - 1933 11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pyramont Mo.

13. NAME Christopher Witte

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

15. MAIDEN NAME Meta Windler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Mrs Minnie Witte

18. BURIAL, CREMATION, OR REMOVAL PLACE Pyramont Cem. DATE July 3, 1933

19. UNDERTAKER (ADDRESS) C. P. Rapp & Son

20. FILED July 3, 1933 John Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1-33 19

22. I HEREBY CERTIFY, That I attended deceased from 6-30-33 19, to 7-1-33 19.

I last saw him alive on 7-1-33 19. Death is said

to have occurred on the date stated above, at 330 A.

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

Up-spread infection Date of onset

12/1/33 (gangrenous)

12/1/33

Other contributory causes of importance:

Name of operation Appendectomy Date of 6-30-33

What test confirmed diagnosis? Asymptomatic 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) E. H. Hallen M. D.

(Address) Smithton Mo

