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.

SEP 26 1933

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

Do not use this space.

~~24068~~ 27309

1. PLACE OF DEATH 82
County Pike
Township Calumet
City ..... (No. ..... St. ..... Ward)
Registration District No. 685
Primary Registration District No. D 909 B
File No. 24
Registered No. 18

2. FULL NAME Simeon K B Witten
(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 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) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1864
7. AGE YEARS 69 MONTHS 1 DAYS 21 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 occupation

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

FATHER
13. NAME Owen R Witten
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

MOTHER
15. MAIDEN NAME Celine Buford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

17. INFORMANT (ADDRESS) Wm Witten Clarksville
18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch DATE Aug 2 - 1933
19. UNDERTAKER (ADDRESS) Tooch Hdwe Co Eolia Mo
20. FILED Aug 1st 1933 ~~[illegible]~~ Registrar.
H W Friedway

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1933
22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to Aug 1, 1933
I last saw him alive on July 30, 1933. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:
Anaemia - Probably due to gastric ulcers.
92 A
11 A
71 B
92
Date of onset 1931
Other contributory causes of importance:
Heart leakage - Mitral
Name of operation — Date of
What test confirmed diagnosis? Physical diagnosis 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?
If so, specify
(Signed) S L Bank head, M. D.
(Address) Pay nesville Mo.