

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.

8525

MAY 25 1934

1. PLACE OF DEATH

County *Gasconade*Registration District No. *991*Township *Third Creek*Primary Registration District No. *5419*

City

(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

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*Mrs. Caroline Witte*

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

March 15 - 1865

7. AGE

YEARS

68

MONTHS

11

DAYS

*29*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)*Bay Mo*

13. NAME

*Fritz Witte*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Germany*

15. MAIDEN NAME

*Katherine Landwehr*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Germany*17. INFORMANT
(ADDRESS)*Ben H. Witte
Oswenville Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. John's Ev. Cemetery*DATE *March 17 1934*19. UNDERTAKER
(ADDRESS)*W.F. Gatterer
Oswenville Mo*

20. FILED

*Mar 19 1934**J. H. Price*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar. 14 1934*

22. I HEREBY CERTIFY that I attended deceased from

did not attend

19

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at m.

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

Date of onset

*Suicide by Hanging
Coroner's Jury Verdict*

Other contributory causes of importance:

165

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? *Suicide* Date of injury *Mar 14 1934*Where did injury occur? *at his home*
(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. H. Price M.D. Coroner, Mo.
Hermann Mo*

