SEP 21 1934

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

Do not use this space.

File No. 29126

Registered No. 252

1. PLACE OF DEATH
County Jackson
Registration District No. 398
Township
Primary Registration District No. 3019
City Independence, (No. ..... St. ..... Ward)

2. FULL NAME Ralph Lambert Wittman Sanitarium

(a) Residence, No. 1223 W Ruby 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: wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26 - 1879

7. AGE: Years 55 | Months 6 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. mechanic
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Richard Wittman
14. BIRTHPLACE (CITY OR TOWN) New Jersey
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Matilda Williams
16. BIRTHPLACE (CITY OR TOWN) Courtney
(STATE OR COUNTRY) Ohio

17. INFORMANT Chas W. Wittman
(ADDRESS) 1223 W Ruby

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn DATE Aug 5, 1934

19. UNDERTAKER Ott & Mitchell
(ADDRESS) Independence Mo

20. FILED August 7, 1934 F. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 23 34, 19..., to Aug 4 34, 19...
I last saw h. alive on Aug 4 34, 19... Death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
25	
Tuberculosis Pulmonis	1/22

Other contributory causes of importance:

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) [illegible], M. D.
(Address) Independence

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33