MAY 2 5 1935

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

Do not use this space.

13879

1. PLACE OF DEATH
County Pettis Registration District No. 170
Township Heath Creek Primary Registration District No. 5896
City (No. Beaman Route 1 St. Ward)

File No.
Registered No.

2. FULL NAME Jasper Monroe DeWitt

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 24, 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..hrs. or ..min.
	80	6	20	

OCCUPATION
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) McDonald Co
(STATE OR COUNTRY) Mo

FATHER
13. NAME Lardin DeWitt
14. BIRTHPLACE (CITY OR TOWN) New York
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Percilla Castelle
16. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

17. INFORMANT L. W. DeWitt Sedalia
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potters Cem DATE Apr. 16, 1935

19. UNDERTAKER McLaughlin Bros
(ADDRESS) Sedalia

20. FILED May 9, 1935 Blossie Ferguson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from March 2 1935, to April 13, 1935.
I last saw him alive on April 13, 1935. Death is said to have occurred on the date stated above, at 2:30 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis Cerebral	
2nd Stroke	

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Other contributory causes of importance:
Arteriosclerosis
Cardio-Vascular-renal
Syndrome

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) O. J. Gradt, M. D.
(Address) Sedalia, Mo

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