CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 2 2 1935

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

Do not use this space.

19501

File No. 13

Registered No.

1. PLACE OF DEATH

County Greene

Township Clay

City ~~Ozark~~ (No. Rt 3 St. Ward)

Registration District No. 321

Primary Registration District No. 5444

2. FULL NAME Donald D[illegible] Dewitt

(a) Residence, No. Ozark Mo [illegible] Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred [illegible] 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 1927

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 8 | 2 | 19 | |

OCCUPATION

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

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) Tulsa Okla.

FATHER

13. NAME Fred Dewitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Christian Co. Mo

MOTHER

15. MAIDEN NAME Elsie Ramsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT Fred Dewitt
(ADDRESS) Ozark Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE [illegible]son DATE June 21 1935

19. UNDERTAKER [illegible] Lohmeyer F Home
(ADDRESS) Springfield Mo

20. FILED [illegible] 1935 Pearl Hughes Mitchell Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1935

22. I HEREBY CERTIFY, That I attended deceased from June 5 1935, to June 19 1935

I last saw h~~im~~ alive on June 16 1935 Death is said to have occurred on the date stated above, at 10 P. m.

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

Tuberculous Meningitis

Date of onset 5/15/35

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Spinal Puncture 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) John Williams Jr, M. D.

(Address) Springfield, Mo.