

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.

20403

1. PLACE OF DEATH

County Mulles
Township Franklin
City (No.) St. Ward

Registration District No. 561
Primary Registration District No. 5756

File No.
Registered No. 51

2. FULL NAME

John Franklin Dewitt

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. 15 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 Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Pada Loa Dewitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
74 2 18 2 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
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) May 1921 11. Total time (years) spent in this occupation 42

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

FATHER 13. NAME Peter Dewitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -

MOTHER 15. MAIDEN NAME -

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

17. INFORMANT (ADDRESS) Gella Henry

18. BURIAL, CREMATION, OR REMOVAL PLACE Hartshorn DATE June 3 1935

19. UNDERTAKER (ADDRESS) Buried by friends

20. FILED June 2 1935 Belle Haynes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2 1935

22. I HEREBY CERTIFY That I attended deceased from May 1 1935 to May 1 1935
I last saw him alive on May 1 1935 Death is said to have occurred on the date stated above, at 3 A m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic nephritis

Other contributory causes of importance: cystitis

Name of operation 131 Date of 131
What test confirmed diagnosis? 131 Was there an autopsy? 131

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 131 Date of injury 131 1935

Where did injury occur? 131 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury 131
Nature of injury 131

24. Was disease or injury in any way related to occupation of deceased?
If so, specify 131

(Signed) L. M. Garner M. D.
(Address) County Health Officer

