

MAY 25 1936

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

Do not use this space.

16341

1. PLACE OF DEATH

County Stellio

Registration District No. 668

File No. 124 126

Township Shelby

Primary Registration District No. 3232

Registered No. 668

City Shelby (No. Shelby)

Ward Shelby

Ward Shelby

2. FULL NAME

(a) Residence, No.

St. Shelby

Ward. Shelby

(Usual place of abode)

(If nonresident, give city of town and State) Shelby Mo

Length of residence in city or town where death occurred 51 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

Winnie Witcher

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

July 14, 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

50

9

9

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.

Filler of Soil

10. Date deceased last worked at this occupation (month and year)

May 31, 1931

11. Total time (years) spent in this occupation

35

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

Shelby Co Mo

FATHER

13. NAME

Jessie Tate Witcher

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

Howard Co Mo

MOTHER

15. MAIDEN NAME

Mary Ellen Fresham

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

Lapeere Co Mo

17. INFORMANT (ADDRESS)

Carl Witcher

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Angel Home

DATE

Apr 25, 1936

19. UNDERTAKER (ADDRESS)

R. C. Carter

20. FILED

4-22-1936

Shelby Co Mo

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

4-22-1936

22. I HEREBY CERTIFY, That I attended deceased from

4-1

1936

to

4-22

1936

I last saw him alive on 4-22, 1936 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:

Carcinoma of Stomach

Date of onset

2 yrs

Other contributory causes of importance:

Name of operation

Gastroenterostomy

Date of 4-6-36

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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)

D. P. Dyer, M. D.

(Address)

Shelby Co Mo

