

JUN 23 1936

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

Do not use this space.

19812

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Halena Primary Registration District No. 2002
City Jasper (No. H. Johns Hosp.) St. _____ Ward _____

2. FULL NAME

Mrs Ora A Witcosky
(a) Residence, No. 823 Garrison St. Jasper Mo. _____
(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 <u>H</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Paul G Witcosky</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 1-1878</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>3</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>	
	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) <u>Chesterfield, Mo</u>		
FATHER	13. NAME <u>Wm S. Peebles</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>Mildred L Witcosky</u> (ADDRESS) <u>823 Garrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Maplewood</u> DATE <u>15-22-36</u>		
19. UNDERTAKER <u>Frank Sievers Co</u> (ADDRESS) <u>421 F Wall St</u>		
20. FILED <u>5-21-36</u> <u>Ed James</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1936

22. I HEREBY CERTIFY, That I attended deceased from May 14 1936, to May 20 1936
I last saw him alive on May 20 1936 Death is said to have occurred on the date stated above, at 5:10 P.M.
The principal cause of death and related causes of importance were as follows:
acute peritonitis
Date of onset _____

Other contributory causes of importance:
ruptured appendix 5/12/36

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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? no
If so, specify A.C. Chenoweth M. D.
(Signed) Jasper Mo
(Address) _____

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 OUTRADING INITIALS IS A PERMANENT RECORD

