

SEP 21 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

30518

## 1. PLACE OF DEATH

County GasconadeRegistration District No. 302

File No. ....

Township ClayPrimary Registration District No. 6231

Registered No. ....

City Blount (No. ....)

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. Blount, Mo.

(Usual place of abode)

Ward. ....

(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

F

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Hy Wittrock

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

June 3, 1864

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. or ... min.

72224

## 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.

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

11. Total time (years) spent in this occupation

Housewife

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

Blount, Mo.

## FATHER

## 13. NAME

Ferdinand Goetz

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

Germany

## MOTHER

## 15. MAIDEN NAME

Hennietta Cysline

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

Germany

## 17. INFORMANT (ADDRESS)

Albert Wittrock, Blount, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE Blount, Mo. DATE Aug 29 1936

## 19. UNDERTAKER (ADDRESS)

Sassman, Blount, Mo.

## 20. FILED

Aug 18, 1936 C. A. Bunge, M.D. Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Aug 27 1936

## 22. I HEREBY CERTIFY, That I attended deceased from

July 10 1935, to Aug 27 1936I last saw him alive on Aug 26 1936 Death is saidto have occurred on the date stated above, at 3 P m.

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

Gastro-Enteritis

Date of onset

## Other contributory causes of importance:

Insanity

## Name of operation

Date of

## What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

## 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)

C. A. Bunge M. D.

(Address)

Blount 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.

3701

