

FEB 26 1937

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

Do not use this space.

777

1. PLACE OF DEATH

County DaviessTownship UnionCity (No. St. Ward)Registration District No. 250Primary Registration District No. 5348File No. Registered No. 42. FULL NAME Louisa Jane Witten(a) Residence, No. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFGeorge Thomas Witten

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

April 26, 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.7594

OCCUPATION

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

Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Home of Daughter10. Date deceased last worked at this occupation (month and year) Jan. 192411. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN)

Daviess Co.,

(STATE OR COUNTRY)

Missouri

13. NAME

John Cavanaugh

14. BIRTHPLACE (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

15. MAIDEN NAME

Sarah Kraft

16. BIRTHPLACE (CITY OR TOWN)

Ohio

(STATE OR COUNTRY)

17. INFORMANT

John Witten

(ADDRESS)

Gallatin, Mo.,

18. BURIAL, CREMATION, OR REMOVAL

PLACE Edinburgh, Mo.DATE Feb 1,1937

19. UNDERTAKER

Hope Burn, & Undt. Co.,

(ADDRESS)

Gallatin, Missouri

20. FILED

Feb 1, 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 15th, 1937, to Jan. 30 -, 1937I last saw her alive on Jan 30, 1937 Death is saidto have occurred on the date stated above, at 2:10 PM

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

Bright's Disease

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? 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) L. R. Sookin, M. D.(Address) Gallatin, 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.

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

Do not use this space.

1. PLACE OF DEATH

County Davess Registration District No. 250
 Township Union Primary Registration District No. 3348
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Louisa Jane Whitten

(a) Residence, No. _____ St. _____ Ward _____
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>75</u>	<u>9</u>	<u>4</u>	

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

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19__

19. UNDERTAKER (ADDRESS)

20. FILED 3-17- 1937 H. A. Hoopes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Bright's Disease
Chronic

Date of onset _____

Other contributory causes of importance:

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 _____, 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) L. P. Hooplin, M. D.

(Address) Gallatin

SUPPLEMENT

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.

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