

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 3306 Holmes) St. 1 Ward 1

2. FULL NAME William Witt
 (a) Residence, No. 3306 Holmes St. 1 Ward 1
 (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.

File No. 18896
 Registered No. 5225

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 Maggie A. Witt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>79</u>	<u>9</u>	<u>7</u>	

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

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1937, to May 3, 1937
 I last saw him alive on May 3, 1937 Death is said to have occurred on the date stated above, at 6:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset May 3, 1937

93a

Other contributory causes of importance:

Name of operation None Date of
 What test confirmed diagnosis? clinical 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) Kenneth G. Davis, M. D.
 (Address) 3301 Woodland
Kansas City, Mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER FATHER
 13. NAME Daniel Witt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 15. MAIDEN NAME Nancy McGinnis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT Mrs. Maggie A. Witt
 (ADDRESS) 3306 Holmes St., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Westpoint Cemetery
 PLACE Merwin, Mo. DATE May 5, 1937

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Plaza

20. FILED May 11, 1937 M. M. Brown
 Registrar.

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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