

JUN 25 1937

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

M-Hunt  
Do not use this space.

20963

## 1. PLACE OF DEATH

County PettisRegistration District No. 664Township SedaliaPrimary Registration District No. 3032City Sedalia(No. 717 East 9th.)File No. 173/75Registered No. 668St. Ward 

## 2. FULL NAME

Elizabeth Frances DeWitt(a) Residence, No. 717 East 9th.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

Married

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

HUSBAND OF  
(OR) WIFE OFMarcus DeWitt6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 11, 1865

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, hrs.  
or min.72317

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.At Home9. 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

## FATHER

## MOTHER

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

## 13. NAME

James Greer14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ky.

## 15. MAIDEN NAME

Cynthia Ann Rhine16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Ohio

## 17. INFORMANT

(ADDRESS)

Miss Mable DeWittSedalia, Mo.

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE

Crown Hill

DATE

May 30, 1937

## 19. UNDERTAKER

(ADDRESS)

Gillespie Funeral HomeSedalia, Mo.

## 20. FILED

5-30-37John Slack

Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

May 28/37

19

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

Feb. 5, 1927, to May 28, 1927I last saw him alive on May 20, 1927 Death is saidto have occurred on the date stated above, at 52 m.

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

chronic myocarditisDate of onset  
no data  
known

## Other contributory causes of importance:

arteriosclerosis met  
hypertensionno  
data  
known

## Name of operation

noneDate of 1927

## What test confirmed diagnosis

clinicalWas there an autopsy? no

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

Accident, suicide, or homicide? h Date of injury 1927

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)

Chas. M. D.  
Sedalia, 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.

