

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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JUL 31 1937

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

Do not use this space.

24544

1. PLACE OF DEATH

County Pettis Registration District No. 668 File No. 179 181
Township Sedalia Primary Registration District No. 3032 Registered No. 668
City Sedalia No. 306 E. 25th St. _____ Ward _____

2. FULL NAME

Oscar L. Litz
(a) Residence, No. 306 E. 25th 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 <u>Male</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>Mrs Rose Litz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 16 1868</u>		
7. AGE	YEARS	MONTHS
<u>2</u>	<u>68</u>	<u>7</u>
		DAYS
		<u>22</u>
8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Retired</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>		
13. NAME <u>Do not know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>		
15. MAIDEN NAME <u>Do not know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT <u>Mrs Rose Litz</u> (ADDRESS) <u>Sedalia</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>June 10 1937</u>		
19. UNDERTAKER <u>McLaughlin Bros</u> (ADDRESS) <u>Sedalia</u>		
20. FILED <u>June 10 1937</u> <u>Frank R. Mordley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1937

22. I HEREBY CERTIFY, that I attended deceased from May 30 1937 to June 8 1937
I last saw him alive on June 7 1937 Death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Liver
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 Frank R. Mordley M. D.
(Signed) _____
(Address) Sedalia Mo

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