

SEP 20 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 398Township BluePrimary Registration District No. 5554City Independence (No.)File No. 30872Registered No. 273St. Ward

2. FULL NAME

(a) Residence, No. Independence R.F. #3 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

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

Nettie De Witt

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

Mar 3 - 1890

7. AGE

YEARS

MONTHS

DAYS

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

47512

OCCUPATION

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

Gardener

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)

Henry, Co.

FATHER

13. NAME

William De Witt

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

Unknown

MOTHER

15. MAIDEN NAME

Marjette Moore

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

Idaho

17. INFORMANT (ADDRESS)

Mrs. Nettie De Witt

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn Cemetery DATE Aug 18 1937

19. UNDERTAKER (ADDRESS)

Ott & Mitchell20. FILED Aug 24 1937F. L. Cook
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 15, 193722. I HEREBY CERTIFY That I attended deceased from Aug 12 1937 to Aug 15 1937I last saw him alive on Aug 15 1937 Death is said to have occurred on the date stated above, at 8:40 m.

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

Chronic Myocarditis - 5 or 6 years
at least
Extreme Ascites (abdominal)
onset about 3 months ago

Other contributory causes of importance:

Acute Distention of Heart Aug 2/3
1937Name of operation None Date of
What test confirmed diagnosis Chronic symptoms Was there an autopsy? No23. 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) J. M. Ague D O M. D.(Address) Independence 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.

5-11-10