

Died 565
SEP 20 1937

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

Do not use this space.

52

PLACE OF DEATH

County *Franklin*
Township *Blair*
City *Baring*

Registration District No. *439*
Primary Registration District No. *5590*

File No. *31037*

Registered No. _____
St. _____ Ward _____

2. FULL NAME

Peter John Witherow

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M.* 4. COLOR OR RACE *W.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ella Witherow*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 1, 1875*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 3 9

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

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Franklin County*

13. NAME *John Witherow*

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

15. MAIDEN NAME *Margaret Polley*

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

17. INFORMANT (ADDRESS) *Mrs P. J. Witherow Baring Mo.*

18. BURIAL, CREMATION, OR REMOVAL *St. Joseph Cemetery DATE Aug. 12 1937*

19. UNDERTAKER (ADDRESS) *J. E. Kealey Mo. Oland*

20. FILED *Sept 10 1937* *D. E. Whitmore Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from *Aug 6 1937 to Aug 10 1937*

I last saw him alive on *Aug 10 1937* Death is said to have occurred on the date stated above, at *5:30 P.M.*

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

Hemorrhage of Brain causing Paralysis

Date of onset

Other contributory causes of importance: *Hypertension and Arteriosclerosis*

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) *J. E. Kealey*, M. D. (Address) *Edina 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.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

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Handwritten text, possibly a date or reference number, written in cursive script.