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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

33415

OCT 19 1937

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 322 N. Chelsea St. Ward)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 30990

2. FULL NAME Mrs. Loueza Ann Witt

(a) Residence, No. 322 N Chelsea 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1856

7. AGE: Years 81 | Months 4 | Days 8 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Ill

FATHER
13. NAME Wm. Williams
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Rachael English
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT George Davis
(ADDRESS) 322 N. Chelsea, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Roodhouse, Ill DATE Sept. 23-37

19. UNDERTAKER C.H.Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED 9/24 1937 M. M. Crowe
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23- 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 20 1937, to Sept 23 1937
I last saw her alive on Sept 23 1937. Death is said to have occurred on the date stated above, at 12:35 PM
The principal cause of death and related causes of importance were as follows:

Generalized Arteriosclerosis — Date of onset 9/17/37

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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? No
If so, specify
(Signed) John G. Lapp M.D.
(Address) 1314 Professional Bldg