

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.

OCT 26 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township Central

Primary Registration District No. 6033A

City Clayton

(No. 619 Polo Drive)

File No. 35304

Registered No. 339

St. _____ Ward _____

2. FULL NAME Mary J. Witt

(a) Residence, No. 619 Polo Dr
(Usual place of abode)

St. _____ Ward _____

Clayton

(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 DIVORCED (write the word)

widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

John P. Witt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 16 1855

7. AGE

YEARS 82

MONTHS 7

DAYS 5

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

OCCUPATION

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

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) Ills
(STATE OR COUNTRY)

FATHER

13. NAME Joseph P. Dailey

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

MOTHER

15. MAIDEN NAME Mary ?

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

17. INFORMANT Mrs. Lillian W. Ramsey
(ADDRESS) 619 Polo Dr. Clayton

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters Cemty DATE 9/24/37

19. UNDERTAKER

(ADDRESS) Clayton

20. FILED

Sept 1937 Dora J. Segorell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21-1937

22. I HEREBY CERTIFY, That I attended deceased from

7-9, 1937 to 9-21, 1937

I last saw him alive on 9-21, 1937. Death is said

to have occurred on the date stated above, at 4:15 P.m.

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

Chronic Myocarditis Date of onset 1935

Other contributory causes of importance:

Arteriosclerosis ?

Name of operation _____ Date of _____

What test confirmed diagnosis? Physiologic Examination Was there an autopsy? Yes

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) G. R. D. Shuffler, M. D.

(Address) 1020 W. Main Street Clayton

M. J. Witt

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