

OCT 27 1937

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

Do not use this space.

35574

1. PLACE OF DEATH

County Warren Registration District No. 882
Township Hickory Grove Primary Registration District No. 6174
City S. of Wright City (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 12

2. FULL NAME

George Henry Wittnaben
(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.

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 Mary Wittnaben

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1-1874

7. AGE YEARS 63 MONTHS 0 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

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.

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

12. BIRTHPLACE (CITY OR TOWN) Warren, Co. Mo (STATE OR COUNTRY)

13. NAME Henry Wittnaben

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

15. MAIDEN NAME Henerietta Wittnaben

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

17. INFORMANT Mrs Geo Wittnaben (ADDRESS) Wright City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Wright City DATE 9/16/37

19. UNDERTAKER Meiburg Undert Co (ADDRESS) Wright City Mo

20. FILED 9/15 1937 Tr S Clarenbach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1937, to Sept 14, 1937
I last saw him alive on Sept 13, 1937. Death is said to have occurred on the date stated above, at 8:20 a.m.

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

Chronic Parenchymatous Nephritis Date of onset 1936?

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) J. J. Clarenbach, M. D.

(Address) Wright City 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.

