

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Washington Registration District No. 1103
 Township Johnson Primary Registration District No. 6186
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Baby Witt
 (a) Residence, No. _____ 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.

File No. 35586

Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

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

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

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

OCCUPATION

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

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

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

12. BIRTHPLACE (CITY OR TOWN) Northcutt (STATE OR COUNTRY) Mo

FATHER

13. NAME J & E Witt

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

MOTHER

15. MAIDEN NAME Sarah Lyles

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

17. INFORMANT (ADDRESS) John E Witt

18. BURIAL, CREMATION, OR REMOVAL PLACE Smith Bldg DATE 9-27 1927

19. UNDERTAKER (ADDRESS) None

20. FILED 10-1 1937 Theo O Harmon Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: Still Born Date of onset _____

Other contributory causes of importance: Play with Java

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) O W Paster, M. D. (Address) Richwoods, 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.

