

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.

DEC 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township East
City St. Louis (No. 1)

Registration District No. 8211
Primary Registration District No. 5801

File No. 41984
Registered No. 1 St. 1 Ward 1

2. FULL NAME

(a) Residence, No. James Wallace Dewitt
(Usual place of abode)

St. 1 Ward 1

(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 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 Ellie Ralston

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/16/36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 11 5

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) Nov. 11, 1937

12. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo.

13. NAME Hollis Dewitt

14. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Ellie Ralston

16. BIRTHPLACE (CITY OR TOWN) New Madrid (STATE OR COUNTRY) Mo.

17. INFORMANT Hollis Dewitt (ADDRESS) Matthews St. St. Louis

18. BURIAL, CREMATION, OR REMOVAL no. PLACE Matthews DATE 11/11/37

19. UNDERTAKER John Abbitto (ADDRESS) Sikeston Mo.

20. FILED 12-7 19 37 W. W. P. P. P. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11 19 37

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1937, to Nov. 11, 1937

I last saw him alive on Nov. 11, 1937 Death is said to have occurred on the date stated above, at 12:00 a.m.

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

Bilateral Lobar Pneumonia Date of onset 10-30-37
Bilateral Otitis Media 11-4-37

Other contributory causes of importance: 108

Name of operation Meningotomy Date of 11-5-37

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

23. If death was due to external causes (violence), fill in also the following: No
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) Meslin G. Anderson, M. D.

(Address) 106 Center St., Sikeston, Mo.

