

DEC 27 1937

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

Do not use this space.

42168

1. PLACE OF DEATH

County Pike
Township Curver
City _____ (No. _____) St. _____ Ward _____

Registration District No. 684
Primary Registration District No. 5912

File No. _____
Registered No. 37

2. FULL NAME

Henry Witmyer
(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 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18 - 1860

7. AGE YEARS 77 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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

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) Illinois

13. NAME Wm. Witmyer

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

15. MAIDEN NAME Mary Shadle Witmyer

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

17. INFORMANT Elmer Witmyer (ADDRESS) Barling Green mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Pisgah DATE Nov. 7 1937

19. UNDERTAKER W. B. Elmore (ADDRESS) Barling Green mo

20. FILED R-10 1937 Wm. Summers Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6 1937

22. I HEREBY CERTIFY, That I attended deceased from _____ 1935, to 11-6, 1937

I last saw him alive on 11-4-37, 19____. Death is said to have occurred on the date stated above, at 9 a. m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis (build) 40 yrs ago, Date of onset _____

Other contributory causes of importance: an

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) J. H. Holbrook, M. D.

(Address) Barling Green Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. A CE should be stated if the deceased was a patient in a hospital.

