

JAN 21 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

46326

1. PLACE OF DEATH

County PettisRegistration District No. 668Township SealalaPrimary Registration District No. 3032City Sealala (No. 1218 E 7)File No. 364Registered No. 668

St. _____ Ward _____

2. FULL NAME

Loren Wilson DeWitt(a) Residence, No. 1218 E 7

St. _____

Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Salley B. DeWitt

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

Jan 28 1852

7. AGE

85

YEARS

11

MONTHS

10

DAYS

10

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

OCCUPATION

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.

Rail Road

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)

Pettis Co, Mo

FATHER

13. NAME

Larkin DeWitt

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

New York

MOTHER

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT (ADDRESS)

G. E. Wood Sealala

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Pettis Cem

DATE

Dec 19 1937

19. UNDERTAKER (ADDRESS)

McLaughlin Bros Sealala

20. FILED

Dec 18 1937Jessie Slack Registrar

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

12-18 1937

22. I HEREBY CERTIFY, That I attended deceased from

12-15 1937 to 12-18 1937I last saw him alive on 12-16 1937 Death is saidto have occurred on the date stated above, at 7 a.m.

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

mitral insufficiency contDate of onset know

Other contributory causes of importance:

Lagriphe 12-11-37

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) W. E. Best, M. D.(Address) Sealala Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

