

REC'D MAR 17 1938

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

6474

Do not use this space.

1. PLACE OF DEATH

(a) County Clay Registration District No. 2013012
 (b) Township Liberty Primary Registration District No. 5280
 (c) City Liberty (d) Street No. 300
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Robert De Witt
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna V. De Witt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, then hrs. or min.
69 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist
 9. Industry or business in which work was done, as saw mill, bank, etc. Pharmacist
 10. Date deceased last worked at this occupation (month and year) 10-11-1868
 11. Total time (years) spent in this occupation 69

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME James De Witt

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Virginia Maddy

18. BURIAL, CREMATION, OR REMOVAL Forest Hill K. C. Mo. DATE 3-1-38

19. FUNERAL DIRECTOR (ADDRESS) Therrel - Cauder

20. FILED 2/27 1938 E F Brant Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-26-1938

22. I HEREBY CERTIFY, That I attended deceased from

19....., to....., 19.....

I last saw him alive on Coroner's Case 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:

Angina Pectoris - 2-26-38

942 -

Other contributory causes of importance:

Coronary occlusion

Name of operation none Date of no

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 William B. Nyong

(Signed) Liberty Clay County

(Address) Liberty Clay County

STATEMENT BY LICENSED EMBALMER

I, Martin Hessel., Licensed Embalmer No. 2309

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Martin Hessel.

L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Martin Hessel.

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)