

REC'D JUN 10 1938

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

Do not use this space.

1. PLACE OF DEATH

County MississippiRegistration District No. 586Township WaverlyPrimary Registration District No. 5762City Near Charleston (No. _____) St. _____ Ward _____File No. 18898Registered No. 612. FULL NAME Herbert Louis Witt 300

(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.

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)

single

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

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

1/8/137

7. AGE

YEARS

MONTHS

DAYS

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

1426

OCCUPATION

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.

Baby

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

0

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

Mississippi County
Near Charleston Mo

MOTHER

13. NAME

Curtis Witt

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

Liberty Kentucky
Cassy County

15. MAIDEN NAME

Mattie Bullard

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

Near East Prairie
Mississippi County

17. INFORMANT (ADDRESS)

Curtis Witt
Charleston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

Oak Grove Cemetery DATE 6/5 1938
Charleston Mo

19. UNDERTAKER (ADDRESS)

John C. Hummel Jr
Charleston, Mo.

20. FILED

6-5 1938 W. Vernon
Registrar.

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

June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from

June 1 1938, to June 3 1938I last saw him alive on June 3 1938. Death is saidto have occurred on the date stated above, at 6:00 a. m.

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

Colitis
with resulting toxemia
and exhaustion

Date of onset

5/26/38

Other contributory causes of importance:

Otitis media 119B

Name of operation _____

Date of _____

What test confirmed diagnosis? _____ 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) John J. Gerdes D.O. M.D.500 (Address) Russell Hotel
Charleston, Mo.

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

