

REC'D AUG 4 1938

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

Do not use this space.

25271

1. PLACE OF DEATH

County Franklin  
Township Centar  
City St. Clair (No. \_\_\_\_\_)

Registration District No. 294  
Primary Registration District No. 5409B

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Paul Gardner Withington

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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) March 23, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 1

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) MO.

13. NAME Harry Withington

14. BIRTHPLACE (CITY OR TOWN) Pacific, (STATE OR COUNTRY) MO.

15. MAIDEN NAME Nellie Lindsey

16. BIRTHPLACE (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) MO.

17. INFORMANT Mrs Lee Lindsey (ADDRESS) Robertsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Luebbering, Mo. DATE July 26, 1938

19. UNDERTAKER Wm. Casey & Co. (ADDRESS) St. Clair, Mo.

20. FILED July 26, 1938 W. J. Duckworth Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 7-4- 1938, to 7-24, 1938

I last saw him alive on 7-24, 1938 Death is said to have occurred on the date stated above, at 8 P.M.

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

Enteric Colitis Date of onset 7-4-38

Other contributory causes of importance: 11/10

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clin Was there an autopsy? h

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) W. J. Duckworth, M. D.

(Address) St. Clair, Mo.

Every item of information should be carefully supplied. Age should be stated exactly. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

