

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1008

30385

Do not use this space.

7822

Registered No.

OCT 12 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City.....
 (e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No.....
 Primary Registration District No.....

(d) Street No. Mo. Bapt. Hosp. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Grace Dewitt,

(a) Residence, No. 2711 Arlington Ave. St. 6
 (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

Female

4. COLOR OR RACE

White

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

Widowed

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

Thomas E. Dewitt

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

6/9/1877

7. AGE

YEARS

MONTHS

DAYS

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

61

2

23

OCCUPATION

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

Waitress

9. Industry or business in which work was done, as 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) (STATE OR COUNTRY)

Renault, Ill

FATHER

13. NAME

Patrick McCarty,

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

Ireland

MOTHER

15. MAIDEN NAME

Mary Alice Porter,

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

Kentucky.

17. INFORMANT (ADDRESS)

Frank L. McCarty,
3239 Wellsberg

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Calvary

DATE

9/5/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

W. A. Stock Und. Co.
2117 E. Grand Bldg.

20. FILE SEP - 3 1938

J. D. Bickel
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-2-38 19

22. I HEREBY CERTIFY, That I attended deceased from

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

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 6:45 A.M.

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

General Peritonitis
 Perforation of Caecum from
 ruptured Appendix

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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?

If so, specify

(Signed)

(Address)

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.