

DEC'D DEC 19 1938

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

Do not use this space.

39047

1. PLACE OF DEATH

County DeKalb 2 Registration District No. 261
Township Washington 1 Primary Registration District No. 4160
City Stewartville (No. _____ St. _____ Ward) _____

File No. _____

Registered No. 22

2. FULL NAME

(a) Residence, No. _____ St. 1st 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

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) Mar - 9 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 8 14

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

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) (STATE OR COUNTRY) Buchanan Co Mo

13. NAME Nelson Witt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co Mo

15. MAIDEN NAME Marguerita Pile

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co Mo

17. INFORMANT Rea Berryman
(ADDRESS) Stewartville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Stewartville DATE Nov 26 1938

19. UNDERTAKER J. G. Jager
(ADDRESS) Stewartville Mo

20. FILED 11-24 1938 L. E. Saunders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 23, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12, 1938, to Nov. 23, 1938

I last saw him alive on Nov. 17, 1938. Death is said to have occurred on the date stated above, at 4 A. m.

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

Hypertension Date of onset 1939

Other contributory causes of importance:

Chronic nephritis Sept 1938

Name of operation none Date of _____
What test Autopsy 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. Spalding, M. D.

(Address) Plattsburg Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

