

RECD MAR 16 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis

Registration District No. 668

Township Sedalia

Primary Registration District No. 66832

City Sedalia, Mo.

No. Boothwell

File No. 7429

Registered No. 66

St.

Ward

2. FULL NAME

(a) Residence, No. St. Louis, Mo.

(Usual place of abode)

St.

Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 2

mos. 2

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Sophia Witt

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

Nov-10-1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

3

12

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

Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Agriculture

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

2-24-1939

11. Total time (years) spent in this occupation

30.0

12. BIRTHPLACE (CITY OR TOWN)

Morgan County, Missouri

13. NAME

Chris H. Witt

14. BIRTHPLACE (CITY OR TOWN)

Germany

15. MAIDEN NAME

Marta Wendt

16. BIRTHPLACE (CITY OR TOWN)

Morgan County, Missouri

17. INFORMANT

(ADDRESS)

Carly Fischer, St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

2-24-1939

19. UNDERTAKER

(ADDRESS)

Ralph K. Stevenson, St. Louis, Mo.

20. FILED

2-22-1939

Mrs. Harry Sneed

Registrar

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

Feb-22-1939

22. I HEREBY CERTIFY, That I attended deceased from

Feb-21-1939

to Feb-22-1939

, 1939

I last saw him alive on Feb-21-1939

, 1939

Death is said to have occurred on the date stated above, at 5-P m.

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

General peritonitis caused by ruptured appendix

Date of onset

Other contributory causes of importance:

12.1

Name of operation

appendectomy

What test confirmed diagnosis?

Chemical

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

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)

M. P. Sney

M. D.

(Address)

Sedalia, Mo.

*W. J. [unclear]*

RECEIVED  
District Health Officer No. 8,  
District File Number 316/39  
Date Filed \_\_\_\_\_