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

Do not use this space.

39683 - B

1. PLACE OF DEATH

County Callaway — Registration District No. 105 — File No.

Township St Aubert — Primary Registration District No. 5-15-4 — Registered No. 24

City — (No. — St. — Ward)

2. FULL NAME Berry Witt

(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 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Laura Witt

6. DATE OF BIRTH (month, day and year) March - 27th 1840

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
88	8	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (city or town) (State or country) St Charles Co, Mo

PARENTS

10. NAME OF FATHER Ruben Witt

11. BIRTHPLACE OF FATHER (city or town) Not Known (State or country) Kentucky

12. MAIDEN NAME OF MOTHER Rebecca Still

13. BIRTHPLACE OF MOTHER (city or town) Not Known (State or country) Kentucky

14. INFORMANT J. F. Witt (Address) Steedman Mo.

15. FILED 12/20 1928. W. B. Williamson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) 12-16 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1928, to Dec 16, 1928, that I last saw h— alive on Dec 16, 1928, and that death occurred, on the date stated above, at 9:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Nephritis

131

162

(duration) 1 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Senility

(duration) yrs. mos. ds.

18. Where was disease contracted if not at place of death? Home

Did an operation precede death? No. Date of

Was there an autopsy? No

What test confirmed diagnosis? None

(Signed) J. E. Barnes, M. D.

, 19 (Address) Mokane Mo

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lawrence Cemetery	12-18 1928

20. UNDERTAKER	ADDRESS
C. W. Musgrave	Mokane 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD