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.

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

Do not use this space.

25377

1. PLACE OF DEATH
10 County Boone — Registration District No. 73 — File No.
3 Township — Primary Registration District No. 3006 — Registered No. 173
8 City Columbia (No. MO St. Ward)

2. FULL NAME John Edwin Wirt
(a) Residence, No. 411 W. Ash St., 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1868

7. AGE — YEARS 63 — MONTHS 7 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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) Randolph Co. Mo.

FATHER
13. NAME James Wirt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia 2

MOTHER
15. MAIDEN NAME Sally Hendrix
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J E Wirt Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Aug. 15, 1932

19. UNDERTAKER (ADDRESS) R. O. Wiggett Columbia, Mo.

20. FILED 8/4/1932 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932, to August 4, 1932
I last saw him alive on July 31, 1932. Death is said to have occurred on the date stated above, at 7 30 A.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma. Primary growth not located - metastases in left mandible, in a mal glands of neck.
Date of onset Dec 31
Other contributory causes of importance:
~~[illegible]~~ 45 D 53
Name of operation none Date of
What test confirmed diagnosis? Biopsy Was there 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) A W Kampschmidt, M. D.
(Address) Columbia Mo