

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

Do not use this space.

25583

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township " " Primary Registration District No. 3009
 City " " (No. 622, 5 Only) St. _____ Ward _____

2. FULL NAME

(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 12 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 3 - 1859

7. AGE YEARS 73 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Appleton mo.

FATHER 13. NAME John Withel

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

MOTHER 15. MAIDEN NAME Christina Keefe

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

17. INFORMANT Rose Withel
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmount DATE 10 1932

19. UNDERTAKER Lashby F + N Co
(ADDRESS) Cape Gir, mo.

20. FILED 8-9-1932 W. C. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to Aug 8, 1932

I last saw him alive on Aug 8, 1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset _____

anemia of aortic of aortic Rupture

Other contributory causes of importance: _____

Name of operation none Date of 8/8/32

What test confirmed diagnosis? Autopsy 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) J. D. Polyzoff M. D.
 (Address) Cape Girardeau 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.

SEP 21 1932

