

LEGD MAY 10 1939

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

14745
Do not use this space.

1. PLACE OF DEATH
 (a) County Heald Registration District No. 261
 (b) Township Washington Primary Registration District No. 4160 Registered No. 2
 (c) City Stewartville or (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William W Witt
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) Feb 12 1860

7. AGE YEARS 79 MONTHS 1 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) Sept 1938 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lamar MO

13. NAME William P Witt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co MO

15. MAIDEN NAME Mary A McKittrick

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

17. INFORMANT (ADDRESS) Mary B Goodwin Stewartville MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch DATE _____ 19____

19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. E. Ryan Stewartville MO

20. FILED 3-8 1939 L. E. Samick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1939 to March 7, 1939
 I last saw him alive on March 7, 1939 Death is said to have occurred on the date stated above, at 10 a. m.
 The principal cause of death and related causes of importance were as follows:
Chronic myocardial with myocardial degeneration
Chronic Nephritis

Date of onset 1934

Other contributory causes of importance: 1937

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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? _____
 If so, specify _____
 (Signed) M. A. ... M.D.
Stewartville Mo. (Address)

(Licensed Embalmer's Statement on Reverse Side)

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

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.

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RECEIVED

District Health Officer No. 111

District File Number 38-386

Date Filed APR 25 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.