

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

Do not use this space.

32913

1. PLACE OF DEATH *Bary*
 County *Exeter Mo.* Registration District No. *34*
 Township *Exeter* Primary Registration District No. *6239*
 City *Exeter* (No. _____) St. _____ Ward _____

2. FULL NAME *Robert A. Dewitt*

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

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 *Rebecca Morris Dewitt*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 11-1884*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 4 11

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work *Stock buyer 95%*
 (b) General nature of industry, business, or establishment in which employed (or employer) *110%*
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) *Billings*
 (STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *G. A. Dewitt*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Billings*
 (STATE OR COUNTRY) *Missouri*

12. MAIDEN NAME OF MOTHER *Rebecca Morris McGee*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Mo.*
 (STATE OR COUNTRY) _____

14. INFORMANT *W. M. Dewitt*
 (Address) *Billings Mo.*

15. FILED *10-23-1929* Mrs. W. P. Sealey
 REGISTRY

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) *Oct. 28th 1929*

17. I HEREBY CERTIFY, That I attended to the deceased *Did not attend*
Deceased - died at once, or nearly
 and that I saw him alive on _____ 19, and that death occurred, on the date stated above, at *8:00 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Probably Heart Disease

90% (duration) yrs. mos. da.
 CONTRIBUTORY *Probably Acute Indigestion*
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? *No.* DATE OF _____

WAS THERE AN AUTOPSY? *No.*

WHAT TEST CONFIRMED DIAGNOSIS? *None*
 (Signed) *D. G. Mitchell*, M. D.
 , 19 (Address) *Carville 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 *St. Paul Mo.* DATE OF BURIAL *10-14-1929*

20. UNDERTAKER *Blankenship Barr* ADDRESS *Exeter Mo.*

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

K. 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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