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

Do not use this space.
39970

1. PLACE OF DEATH
County Carroll  Registration District No. 136  File No.
Township Drwitt  Primary Registration District No. 4076  Registered No. 18
City (No. , St. Ward)

2. FULL NAME Lena Wittneben

(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. 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) |
|---|---|---|
| F | W | Widowed |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-27-1847

| 7. AGE YEARS | MONTHS | DAYS | IF LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|
| 81 | 11 | 19 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(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) Switzerland

PARENTS
10. NAME OF FATHER Jacob Metzler
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Switzerland
12. MAIDEN NAME OF MOTHER Dora Felscher
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Switzerland

14. INFORMANT Mrs Rudolf Weiss
(Address)

15. FILED Dec 14 1929 Calvin Nickerson REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-11- 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 9 1929 to Dec 11 1929 that I last saw h[illegible] alive on Dec 11 1929 and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Uraemia
(Chronic Interstitial) nephritis (duration) yrs. 2 mos. ds.
CONTRIBUTORY (SECONDARY) Broken hip caused from a fall (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF 10
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry E Eaton M. D.
12/12 1929 (Address) Brunswick 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 |
|---|---|
| Evergreen Cem, Drwitt Mo | 12/14 1929 |
| 20. UNDERTAKER Wills Bros | ADDRESS Drwitt Mo |

JAN 29 1929

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.