

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

Do not use this space.

5303

**1. PLACE OF DEATH**

81 County Boyer Registration District No. 742  
Township Bokeh Primary Registration District No. 5977a  
City Fayson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 14 - 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
87 4 11

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House work  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Illia 2  
(STATE OR COUNTRY)

10. NAME OF FATHER D. Witt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sent Know 31  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Eiza Tunnell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sent Know  
(STATE OR COUNTRY)

14. INFORMANT (Address) Mary Kate Williams  
6 Emerson Mo

15. FILED Mar 3, 1932 E. L. Davis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 25 1932

17. I HEREBY CERTIFY, That I attended deceased Feb 25 1932  
2 1/2 days, to Feb 25 1932  
that I last saw h. m. alive on Feb 25 1932, and that death occurred, on the date stated above, at 11 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Theobromin  
old age  
CONTRIBUTORY (SECONDARY) old age  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED 1932  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Diagnosis not changed  
(Signed) E. L. Davis M. D.  
, 19 \_\_\_\_\_ (Address) Fayson 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 Lawson Mo. DATE OF BURIAL Feb 26

20. UNDERTAKER E. M. Waid ADDRESS Lawson

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.

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

MAR 24 1932

PARENTS

