

1 APR 22 1935

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

Do not use this space.

9913

## 1. PLACE OF DEATH

County Moniteau Registration District No. 577  
Township Pilot Knob Primary Registration District No. 5725  
City New Latham Pilot Knob St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Registered No. 7

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Julia Witke  
(a) Residence, No. New Latham St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 60 yrs. 11 mos. 23 ds. How long in U. S., if of foreign birth? 60 yrs. 11 mos. 23 ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Mar 26, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
64 11 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Poland Russia13. NAME Henry Witke14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland Russia15. MAIDEN NAME Maria Schradie16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Poland Russia17. INFORMANT Mary Ellen Witke  
(ADDRESS) Superior, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Grove DATE March 20 1935

19. UNDERTAKER Kidwell's  
(ADDRESS) Kennett, Mo.20. FILED 4-10 1935 J. M. Koberhaw Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Mar 19 1935

I last saw h. x alive on Mar 10 1935 Death is said

to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:

Perniciou Anemia Date of onset \_\_\_\_\_

Other contributory causes of importance:

Valvular heart disease

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) L. L. Latham, M. D.(Address) California 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.

