

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

Do not use this space.

20314

1. PLACE OF DEATH

County Sullivan Registration District No. 954
Township Courman Primary Registration District No. 6118
City Madison (No. _____) St. _____ (Ward)

File No. _____
Registered No. _____

2. FULL NAME

Lura Victoria De Witt
(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 73 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Henry Webster De Witt.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15, 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>73</u>	<u>8</u>	<u>6</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife 355
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Rev. Saul Reger</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Martha Busby</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>

14. INFORMANT Mrs. Fred Reed, Reger, Mo.
(Address)

15. FILED May 26, 1931 B. R. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21, 1931
17. I HEREBY CERTIFY, That I attended deceased from 1915, 1915, to May 21, 1931, that I last saw her alive on May 15, 1931, and that death occurred, on the date stated above, at 6:10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage or Cerebral apoplexy
131
77A (duration) _____ yrs. mos. ds.
CONTRIBUTORY Interstitial nephritis (SECONDARY) (duration) 5 yrs. mos. ds.

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

9 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS Hemiplegia left side
(Signed) Grace Simmons, M. D.
May 21 1931 (Address) Milan, 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 near Henry Am. Reger, Mo. DATE OF BURIAL May 23, 1931

20. UNDERTAKER C. A. Schoene ADDRESS Milan, 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.

1931 JUN 29

