

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

16231

1. PLACE OF DEATH
 County Jackson Registration District No. 309 File No. _____
 Township Kaw Primary Registration District No. 1792 Registered No. _____
 City Kansas City (No. 3800 Baltimore St. 2375 Ward)

2. FULL NAME HATTIE PERKINS FITCH
 (a) Residence No. 3800 Baltimore 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 Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 17, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>10</u>	<u>9</u>	

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) Warrensburg
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Isaac Perkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Emma Mooney

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

PARENTS

14. INFORMANT Fred H. Fitch
 (Address) 3800 Baltimore, K.C. Mo.

15. FILED 5/29/23 M.M. Crow
 REGISTAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-27-23 1923

17. I HEREBY CERTIFY That I attended deceased from March 10, 1923 to May 27, 1923 that I last saw her alive on May 20, 1923, and that death occurred, on the date stated above, at 12:45-AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:
50 Carcinomatosis
44 Carcinoma of Lung
(metastasis from S. Breast)
 (duration) _____ yrs. _____ mos. _____ da.

CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS: Diagnosis - Obviation
Spadon E. Murphy, M.D.
May 8, 1923 (Signed) _____ Address Wesley Bldg - 106 C. 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Washington DATE OF BURIAL 5-29-1923

20. UNDERTAKER Stone & McClure Co ADDRESS 924 Oak

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.

