

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

Do not use this space.

37070

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. 25  
 Township Bar Primary Registration District No. 10074 Registered No. 25  
 City K.C. Mo. (No. Research Hospital St.                      Ward                     )

**2. FULL NAME**

Moses B. Fitch  
 (a) Residence No. 3019 Holmes 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mozell Fitch  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-9-1877  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 55 | 1 | 16 |                       
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Livery man  
 (b) General nature of industry, business, or establishment in which employed (or employer)                       
 (c) Name of employer                     

9. BIRTHPLACE (CITY OR TOWN) Mass.  
 (STATE OR COUNTRY)

**PARENTS**  
 10. NAME OF FATHER No Record  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) No Record  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER No Record  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No Record  
 (STATE OR COUNTRY)

14. INFORMANT Mozell Fitch  
 (Address) 3019 Holmes

15. FILED 11/27 27 1927 M.M. Brown  
Assn REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 25 - 1927  
 17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1927, to Dec 25, 1927 (that I last saw him alive on Dec 25, 1927, and that death occurred, on the date stated above, at 7:15 P.M. m.)

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

Chr. Interstitial Nephritis  
131  
102 (duration) 10 yrs.                      mos.                      da.

CONTRIBUTORY Chr. Hypertension (SECONDARY) (duration) 1 1/2 yrs.                      mos.                      da.

18. WHERE WAS DISEASE CONTRACTED 12 P.I.  
 IF NOT AT PLACE OF DEATH                     

19. DID AN OPERATION PRECEDE DEATH? No DATE OF                     

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Karl Kruger M. D.  
Dec 26, 1927 (Address) 914 Medical Arts Bldg

\*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 Forest Hill DATE OF BURIAL Dec 27 1927

20. UNDERTAKER                      ADDRESS                       
                                           
                                         

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.

DEPARTMENT RECORD

