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

Do not use this space.
30468

1. PLACE OF DEATH U.S. VET. HOSP. #67,
County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City. (No. K.C. Veterans Hosp. St. Ward)

File No. 3717
Registered No.

2. FULL NAME FITCH, Alton V. C- 1,438,245
(a) Residence. No. National Military Home, St. Ward. Pvt. S.A.T.C.
(Usual place of abode) Kansas. (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: 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: Mrs. Mary E. Fitch

6. DATE OF BIRTH (MONTH, DAY AND YEAR) September 3, 1899.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
29	0	5	

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

9. BIRTHPLACE (CITY OR TOWN) Cushing,
(STATE OR COUNTRY) Iowa.

PARENTS
10. NAME OF FATHER Frank N. Fitch,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.
12. MAIDEN NAME OF MOTHER Amy Peterson,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT Mrs. Mary E. Fitch, wife,
(Address) Lincoln, Nebraska.

15. FILED 9-8 1928 M.M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 8, 1928

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1928, to September 8, 1928 that I last saw him alive on September 8, 1928, and that death occurred, on the date stated above, at 8:40 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia.
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Multiple Sclerosis.
(duration) yrs. unknown. mos. ds.

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? Physical & Neurological exams.
9/8/28 (Signed) W. E. CHAMBERS, Medical Officer in Chge., 19 (Address) U.S. VETERANS' HOSPITAL, K.C. Mo. M.D

*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: Lincoln Nebraska
DATE OF BURIAL: 9/8.28 19

20. UNDERTAKER: The Taylor Funeral Home Inc
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.