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

Do not use this space.

1878

399

File No. [illegible]

Registered No. 4111

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 4919 Troostwood St. Ward)
Registration District No.
Primary Registration District No. 1002

2. FULL NAME Maxie K. P. Eitelman
(a) Residence. No. 4919 Troostwood St. Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: Michael G. Eitelman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 21, 1878

7. AGE: Years 51 | Months 0 | Days 8 | If LESS than 1 day, ____ hrs. or ____ min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Decatur Pittman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Va.
12. MAIDEN NAME OF MOTHER: Sue E Sears
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Ohio

14. INFORMANT: Michael G. Eitelman
(Address): 4919 Troostwood

15. FILED 1-31, 1929 M. M. Logue Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1927, to Jan 29, 1929, that I last saw h. alive on Jan 29, 1929, and that death occurred, on the date stated above, at 6:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Exhaustion from Carcinoma of breast & resultant toxaemia.
(duration) 1 yrs. 4+ mos. ds.
CONTRIBUTORY (SECONDARY) Anemia & involvement of lung
(duration) yrs. 6 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? Clinical
(Signed) Emil Pheilmann, M. D
Jan 30, 1929 (Address) 321 Altman 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: Ft. Worth, Texas — DATE OF BURIAL: Feb 1 1929

20. UNDERTAKER: H. Newcomer's Sons K. C. Mo. — 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.

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