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

Do not use this space.

6745

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 911
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. St Mary's Hospt. St. Ward)

2. FULL NAME Thomas Isitt
(a) Residence. No. 2408 Monroe St., W Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed - Anna Isitt

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Isitt

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May-2-1869

7. AGE: Years 59 — Months 9 — Days 21 — If LESS than 1 day, ...hrs. or ...min.

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

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

2

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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14. INFORMANT: Norman Isitt
(Address): Ellis Ks

15. FILED 2-24 1929 M M Crowe
REGISTRAR Asst

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 23 1929.

I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1929, to Feb. 23, 1929 that I last saw him alive on Feb 22, 1929, and that death occurred, on the date stated above, at 4:40 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paresis
33
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 16
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? 2408 Monroe
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical & Laboratory Findings
(Signed) J. E. Leathes, M. D
2-23, 1929 (Address) 1001 Chamber 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: Memorial park
DATE OF BURIAL: Feb-25 1929
20. UNDERTAKER: S. H. Newcomer's Sons K.C. Mo
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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Nov. 5037
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