

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

Do not use this space.

27059

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. Pro Meth Hosp)

File No. _____
Registered No. 1021
St. _____ Ward _____

2. FULL NAME

Infant Tittsworth
(a) Residence. No. _____ St. _____ Ward. R.R. #2
(Usual place of abode) (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, . . . hrs. or . . . min.
	0	0	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business, or establishment in which employed (or employer). _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St Joseph, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER B.H. Tittsworth
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lincoln, Kans
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elsie Wright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buchanan Co, Mo
(STATE OR COUNTRY)

14. INFORMANT B.H. Tittsworth
(Address) R.R. # 4

15. FILED 8/31, 1929 John G. W. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1929, to Aug 30, 1929, that I last saw him alive on Aug 30, 1929, and that death occurred, on the date stated above, at 12 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
15 1/2 Premature Birth

CONTRIBUTORY (SECONDARY) 16 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS Dr. J. J. Stamey
(Signed) J. J. Stamey, M. D.
8/31, 1929 (Address) 2624 St Joseph Ave

*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 Agency Mo DATE OF BURIAL 8/31 1929

20. UNDERTAKER Heeman Funeral Home ADDRESS 1946 Colham

Dr. J. J. Stamey

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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