

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

Do not use this space.

**5266**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City

Registration District No. **399**

Primary Registration District No. Royal Oaks Park 13 & Oak

File No. \_\_\_\_\_  
Registered No. 924  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Fred H. Fitch

(a) Residence. No. 3800 Baltimore St. 5 Ward \_\_\_\_\_

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feby. 25 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Perkins Fitch

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) November 3, 1869

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 60 3 22

Carbon - mon oxide, asphyxiation  
Suicide

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Vice President & Treasurer (b) General nature of industry, business, or establishment in which employed (or employer). K. C. Structural Steel Co. (c) Name of employer. Steel Co.

CONTRIBUTORY (SECONDARY) 167 duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Warrensburg (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH \_\_\_\_\_

PARENTS 10. NAME OF FATHER Seymore H. Fitch 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York 12. MAIDEN NAME OF MOTHER Louiese Merrill 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Aurora Illinois

0 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_ WAS THERE AN AUTOPSY? Yes WHAT TEST CONFIRMED DIAGNOSIS? Autopsy (Signed) Stanley Thayer M. D. 7/25, 1930 (Address) Regency Corridor

\*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.

14. INFORMANT Howard H. Fitch (Address) 4601 Holmes St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Warrensburg, Mo. DATE OF BURIAL 2-28 1930

15. FILED 7/28 1930 M. M. Crowe REGISTRAR

20. UNDERTAKER Stine & Mc Cleure ADDRESS 3275 Gillham Place

CAUSE OF DEATH in plain terms, so that it may be properly ascertained

1-67  
2

