JUN 28 1930

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

Do not use this space.

18344

1. PLACE OF DEATH
County Stoddard — Registration District No. 840 — File No.
Township Duck Creek — Primary Registration District No. ~~6102~~ — Registered No. 23
City Puxico (No. 4511 St. Ward)

2. FULL NAME George Franklin Kitchen
(a) Residence. No. St., Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 27 = 1875

7. AGE: YEARS 55 — MONTHS 13 — DAYS 17 — If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER Ruben Franklin Kitchen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bloomfield (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Martha Jane Tucker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Milan (STATE OR COUNTRY) Tenn

14. INFORMANT Mont Kitchen (Address) Puxico Mo

15. FILED 5-14, 1930 E L Hope REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 1 19

17. I HEREBY CERTIFY, That I attended deceased from 1 1930, to May 14 1930 that I last saw him alive on May 1 1930, and that death occurred, on the date stated above, at 4 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis and Cerosis of Liver
12 H B
1 31 (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (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? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. L. Elmore, M. D.
5-14, 1930 (Address) Puxico Mo

*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: Zion Cemetery — DATE OF BURIAL: 5-15 1930

20. UNDERTAKER: Hackman White Co — ADDRESS: Puxico Mo

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.