JUN 26 1930

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

Do not use this space.

19989

1. PLACE OF DEATH
County Macon — Registration District No. 527 — File No.
Township Bevier — Primary Registration District No. 5703 — Registered No.
City ~~Keota, Mo~~ (No. ..... St. ..... Ward)

2. FULL NAME Henry Kitchen
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Hy Kitchen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 5 - 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
54	10	26	

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

9. BIRTHPLACE (CITY OR TOWN) Linn Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Albert Kitchen
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary Pifferin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Hy Kitchen
(Address) Keota Mo

15. FILED 6/6, 1930 Dave J Edwards
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1930

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 about 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Dilatation of Stomach
Sudden
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute Indigestion
Sudden
(duration) yrs. 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) Howard Miller, M. D
, 1930 (Address) Macon 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: West Oakwood, Bevier
DATE OF BURIAL: 6/6 1930

20. UNDERTAKER: Dave J Edwards
ADDRESS: Bevier Mo

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.