

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

Do not use this space.

19999

1. PLACE OF DEATH
 County Macon Registration District No. 333
 Township _____ Primary Registration District No. 2027
 City Macon (No. _____) _____ St. _____ Ward _____

2. FULL NAME Forest Kitchen
 (a) Residence No. _____ E. 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.

File No. _____
 Registered No. 51
 St. _____ Ward _____

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 Julia Kitchen

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 1895

7. AGE YEARS MONTHS DAYS 34 5 19 LESS than 1 day, _____ hrs. or _____ min.

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

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

10. NAME OF FATHER Wade Kitchen

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Rilda Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Wade Kitchen
 (Address) Jacksonville Mo

15. FILED 20 30

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 16 1930 to June 16 1930 that I last saw him alive on never, 1930, and that death occurred, on the date stated above, at 2:4 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris

(duration) _____ 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? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam
 (Signed) W. H. ... M. D. Coroner

*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 Mt. Salem Cemetery DATE OF BURIAL June 18 1930

20. UNDERTAKER Snow & Peavert ADDRESS Jacksonville Mo

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

K. 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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