

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

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

22735

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 2115
Township Law Primary Registration District No. 1099 Registered No. 2115
City Wasson City (No. 1) Evangelical Hospital St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Blue Springs Mo
(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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 22 - 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 7 9

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

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Texas

10. NAME OF FATHER G. Kittered

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Erwin F. Kittered (Address) Blue Springs Mo

15. FILED 11 19 30 M. M. Crowe REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____
June 1 1930 to July 1 1930
that I last saw him alive on June 30 1930 and that death occurred, on the date stated above, at 12:10 a. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C
97
95B
Acute Dilation 10 hrs.
(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Astero-Sclerosis with Myocardial Deg (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Blue Springs Mo

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) M. Blue Dandrew, M. D.
71 1930 (Address) 601 Lathrop Old

*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 St. Pauls Cemetery Emma Mo DATE OF BURIAL July 5 1930

20. UNDERTAKER H. F. Sweeney ADDRESS Concordia 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.

