

NOV 21 1930

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

Do not use this space.

32287

1. PLACE OF DEATH

County Cape Girardeau
Township "
City " No. "

Registration District No. 125
Primary Registration District No. 3009
Bend Road

File No. _____
Registered No. 541
St. _____ Ward _____

2. FULL NAME

Gerald L. Hitt
(a) Residence. No. Bend Road St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-13-1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
0 0 13

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
(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) Cape Girardeau

10. NAME OF FATHER Weldon Hitt

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

12. MAIDEN NAME OF MOTHER Nanda Webb

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

14. INFORMANT Mrs Grace Webb (Address) Jackson Mo.

15. FILED 1927 36 W. K. Kumpfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1930

17. I HEREBY CERTIFY, that I attended deceased from Oct 13, 1930 to Oct 26, 1930, that I last saw him alive on Oct 29, 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prematurity
1.5 yr
(duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 16/W
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. Washley M. D.

, 19 (Address) 702 Belmont Cape Girardeau 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 Fairmount Cem. DATE OF BURIAL Oct 27 1930

20. UNDERTAKER Walthus Und. Co. ADDRESS Cape Gir. 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.

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