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

• Do not use this space.

36295

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4703

City Kansas City (No. 1016 Walnut St. St. Ward)

2. FULL NAME John Titus

(a) Residence. No. 3703 Walnut St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) February 22, 1864

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	66	8	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Optometrist 94
(b) General nature of industry, business, or establishment in which employed (or employer) 94
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glendale
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER John Titus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Flushing,
(STATE OR COUNTRY) Long Island, New York

12. MAIDEN NAME OF MOTHER Margaret J. Sterrett

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

14. INFORMANT Sterrett S. Titus
(Address) 3703 Walnut St

15. FILED 11/19, 1930 M. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 18, 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb., 1930, to Nov. 18, 1930, that I last saw him alive on Nov. 17, 1930, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sclerosis of Coronary Arteries
(Angina Pectoris)
(duration) 1 yrs. mos. ds.

A 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?
WHAT TEST CONFIRMED DIAGNOSIS? Electrocardiogram
(Signed) L. G. Taylor, M. D.
Nov. 18, 1930 (Address) 3738 Harrison St.

*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 Cincinnati, Ohio — DATE OF ~~BURIAL~~ 11-20-1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Gillham Plaza

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.