

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.

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

Do not use this space.

4807

1. PLACE OF DEATH

County Cape Girardeau

Registration District No. 129

Township Shawnee

Primary Registration District No. 5780

City Keely Landing, Mo. (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 5

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Colman Hitchcock

(a) Residence. No. Keely Landing, Mo. Ward \_\_\_\_\_

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 6 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
2 10 16

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

9. BIRTHPLACE (CITY OR TOWN) Keely Landing  
(STATE OR COUNTRY) Cape Girardeau Co. Mo.

10. NAME OF FATHER Leonard Hitchcock

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Keely Landing  
(STATE OR COUNTRY) Cape Girardeau Co. Mo.

12. MAIDEN NAME OF MOTHER Myrtle Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Keely Landing  
(STATE OR COUNTRY) Cape Girardeau Co. Mo.

14. INFORMANT Leonard Hitchcock  
(Address) Keely Landing, Mo.

15. FILED 2/23/1931 F. J. Schorer  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 22<sup>d</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
Jan. 31, 1931, to Feb. 22, 1931.  
That I last saw him alive on Jan 31, 1931, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Coronary Peritonitis  
Of Acute Purulent & Toxic of the  
Heart  
1570 (duration) 2 yrs. 10 mos. 4 ds.

CONTRIBUTORY (SECONDARY) 1570 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

1570 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS  
(Signed) P. D. Blylock, M. D.

2/23, 1931 (Address) Pocahontas 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 New Bethel Cemetery DATE OF BURIAL 2-23-1931

20. UNDERTAKER Weisenbichler & Pitz Pocahontas, Mo. ADDRESS \_\_\_\_\_

