

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.

MAR 25 1931

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

Do not use this space.

6274

1. PLACE OF DEATH

County Macon

Registration District No. 5713

Township Hudson

Primary Registration District No. 533

City Lorana (No. 1)

St.                      Ward                     

2. FULL NAME Lorana Kitts

(a) Residence. No.                      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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
40 9 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife  
(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) Mo

PARENTS

10. NAME OF FATHER Wm T March

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Lillie Arnold

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo

14.

INFORMANT Wm T Kitts

(Address) RR Macon

15.

FILED 2/27 1931 Mrs Luke Hunkler

REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 13 1931

17. I HEREBY CERTIFY, That I attended deceased from 13 - 1931 to Feb 13 1931 that I last saw her alive on Feb 13 1931, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Purpura, Eclampsia  
131  
1 1/2 hrs. (duration) yrs. mos. ds.  
CONTRIBUTORY Chronic nephritis  
(SECONDARY) (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH                       
8 DID AN OPERATION PRECEDE DEATH? DATE OF                       
WAS THERE AN AUTOPSY?                       
WHAT TEST CONFIRMED DIAGNOSIS?                       
(Signed) A M Bauer M. D.  
2/14 1931 (Address) Missouri

\*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 Erving Cemetery DATE OF BURIAL Feb 15 1931

20. UNDERTAKER Adolf Stemmer ADDRESS Macon

