

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson
Township Central
City St. Louis

Registration District No. 422
Primary Registration District No. 5577

25432

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. Hillsboro Rty 3 Ward.

Length of residence in city or town where death occurred 12 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 Female 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 Henry J. Kite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28/1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 7 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Valley Mines Mo.

13. NAME John C. Cole

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Ann Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown Indiana

17. INFORMANT (ADDRESS) Mrs. John Meyer Hillsboro Rty 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Warr Cemetery DATE July 12, 1931

19. UNDERTAKER (ADDRESS)

20. FILED July 13, 1931 Harry Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1931

22. I HEREBY CERTIFY, that I attended deceased from April 30, 1931, to July 10, 1931. I last saw her alive on Mar. 16, 1931. Death is said to have occurred on the date stated above, at 3 P.M.

The principal cause of death and related causes of importance were as follows:
Tuberculosis of lungs (Date of onset not known)
Diabetes Mellitus (Date of onset not known)

Other contributory causes of importance: Diabetes Mellitus

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Walter C. Gibson, M. D.
(Address) St. Louis, 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.

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Information should be carefully
checked against the original.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jefferson Registration District No. 422
Township Central Primary Registration District No. 5-5-77
City (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

Zoritha Catherine Kite
(a) Residence, No. Hellers, Mo. Rt. 3, St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry G. Kite</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 28, 1857</u>		
7. AGE	YEARS <u>73</u>	MONTHS <u>7</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 20, 1931 to July 10, 1931

I last saw him alive on July 10, 1931. Death is said to have occurred on the date stated above, at 3:00 p.m.

The principal cause of death and related causes of importance were as follows:
Tuberculosis of lungs

Date of onset _____

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation _____

Other contributory causes of importance:
Diabetes Mellitus

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

12. BIRTHPLACE (CITY OR TOWN) Nalle, Maine
(STATE OR COUNTRY) Me.

13. NAME John C. Cole

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

15. MAIDEN NAME Ann Walker

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Mrs. L. A. Rodgers
(ADDRESS) Hellers, Mo. Rt. 3.

18. BURIAL, CREMATION, OR REMOVAL
PLACE not known DATE _____ 19____

19. UNDERTAKER Not given
(ADDRESS)

20. FILED July 13, 1931 Harry Long
Registrar.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) _____, M. D.
(Address) _____

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-251137