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

Do not write this space. 1280

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No. ____
City Kansas City (No. 2621 Chestnut St. ____ Ward) — Registered No. 318

2. FULL NAME Mrs Minnie D Ittner
(a) Residence, No. 2621 Chestnut St., 11 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Henry D Ittner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 11 - 1859

7. AGE: Years 72 | Months 1 | Days 16 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Germany

FATHER
13. NAME August Johnions
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT William D Ittner
(ADDRESS) 2621 Chestnut

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Jan. 29, 1932

19. UNDERTAKER H. N. Newcomer's Sons
(ADDRESS) 2111 E. 9th St.

20. FILED Jan 27, 1932 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 25 -, 1932, to Jan 27, 1932
I last saw ~~him~~ alive on Jan 26 -, 1932 Death is said to have occurred on the date stated above, at 4:00 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Cardiac Failure	Sudden
93 C	
97	

Other contributory causes of importance:

Chronic Myocarditis	5 yrs.
with Arterial Sclerosis	

Name of operation ____ Date of ____
What test confirmed diagnosis? ____ Was there an autopsy? No

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) F. C. Lamar, M. D.
(Address) Kansas City 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.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

Dr. Frederick C. Lamar
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12-1; 2-4