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

Do not use this space.

14505

1. PLACE OF DEATH

County ..... Registration District No. 782

Township ..... Primary Registration District No. 1008

City St Louis (No. City Hospital St.) Ward)

File No. .....

Registered No. 3889

19826

2. FULL NAME Harold James Kitchel

(a) Residence, No. 943 Rutger St. Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	12	

OCCUPATION

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

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) St Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME James Kitchel

14. BIRTHPLACE (CITY OR TOWN) Little Rock
(STATE OR COUNTRY) Ark.

MOTHER

15. MAIDEN NAME Hazel Covey

16. BIRTHPLACE (CITY OR TOWN) Evansville
(STATE OR COUNTRY) Ind.

17. INFORMANT Hospital Information
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE POTTERS FIELD DATE 4-21- 1932

19. UNDERTAKER Shannon
(ADDRESS) 1426 Carroll

20. FILED APR 21 1932 19 Harold Hartel
Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 22nd, 1932, to April 3rd, 1932

I last saw him alive on April 3rd, 1932. Death is said to have occurred on the date stated above, at 9 18 p.m.

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

	Date of onset
1) Hydrocephalus	
2)	
3)	
4)	

Other contributory causes of importance:

2) Spina Bifida with Spinal-meningo-myelocele

3) Bilateral Club foot

Name of operation Repair of Spina Bifida Date of 3-30-32

What test confirmed diagnosis? Clinic Was there an autopsy? yes

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) Raymond H. Jacobs, M. D.

(Address) City Hospital

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

V. S. No. 2

Ritchie