

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

Do not use this space.

19714
2425

1. PLACE OF DEATH

County JACKSON

Registration District No. 399

Township KAW

Primary Registration District No. 1.00V

City KANSAS CITY

(No. 2800 SPRUCE)

File No.

Registered No.

St. _____ Ward _____

2. FULL NAME JAMES WILLIAM LOUITT

(a) Residence, No. 2800 SPRUCE St. 14 Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MRS. BERTHA A. LOUITT</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>OCTOBER-9-1860</u>		
7. AGE <u>72</u>	YEARS <u>8</u>	MONTHS <u>0</u>
		DAYS <u>0</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>UTILITY MAN</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>K.C. POWER + LIGHT CO.</u>
	10. Date deceased last worked at this occupation (month and year) <u>1931</u>
	11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK

13. NAME JAMES W. LOUITT

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

15. MAIDEN NAME CHARLOTTE BOISE

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

17. INFORMANT MRS. BERTHA A. LOUITT
(ADDRESS) 2800 SPRUCE AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Wash. DATE 6-12-33

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY, MISSOURI

20. FILED 6-10 1933 from phone
asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE-9-1933

22. I HEREBY CERTIFY, That I attended deceased from May 3, 1932, to June 9, 1933

Last saw h. _____ alive on 7 June, 1933 Death is said to have occurred on the date stated above, at 8:30A m.

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

arteriosclerosis
MI
MI
Arterio
Date of onset _____

Name of operation none Date of _____

What test confirmed diagnosis? hsnd. 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) K.P. Jones, M. D.
(Address) 427 E 11 St.

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.

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Dr. H. V. Jones

421 Waverly

11-12:30; 4-15

V:2422