

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

Do not use this space.

26-18, April.

23321

1. PLACE OF DEATH

County Jackson
Township Kearl
City Idamay City Mo. (No. St. Joseph's Hospital)

Registration District No. **399**

File No. 23321

Primary Registration District No. **1002**

Registered No. 3027 (Ward)

2. FULL NAME Russell Evert Kitz

(a) Residence. No. Odessa Mo St. Odessa Mo Ward. Odessa Mo
(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. 18 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Jerry Evert Kitz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18 - 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>26</u>	<u>3</u>	<u>3</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Wagoner
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Odessa
(STATE OR COUNTRY) MO.

10. NAME OF FATHER Elmer D. Kitz

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Odessa
(STATE OR COUNTRY) MO.

12. MAIDEN NAME OF MOTHER Miss Alice Culbertson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Odessa
(STATE OR COUNTRY) MO.

14. INFORMANT Alice Hale
(Address) Odessa Mo.

15. FILED 7/25 1933 M. M. Crowe
asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 25 1933

17. I HEREBY CERTIFY, That I attended deceased from July 25 1933 to July 25 1933
that I last saw him alive on July 25 1933, and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, staphylococci
15H
79H (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Osteomyelitis of frontal bone (duration) yrs. mos. 22 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Odessa Mo.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF July 24 1933

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? operation & autopsy
(Signed) Evan A. Connell M. D.

*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

Odessa MO.

DATE OF BURIAL

July 27 1933

20. UNDERTAKER

Blinnard & Sons

ADDRESS

Odessa MO.

(Evan A. Connell)

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

W 4975

210 W. 66th St.