JAN 26 1934

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

Do not use this space.

42222

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 185

City St. Louis Mo. (No. 2945 - Lawton City Hosp #2 St. ..... Ward)

2. FULL NAME Katie Kittrell

(a) Residence, No. 3051 - Thomas St. 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred Unavailable 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 Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1887

7. AGE YEARS 46 MONTHS 9 DAYS 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Unknown

11. Total time (years) spent in this occupation Unk

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

FATHER

13. NAME Sol McCray

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

MOTHER

15. MAIDEN NAME Rachel Watson

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

17. INFORMANT (ADDRESS) R. Perdeau 2945 - Lawton Blvd City Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE Jan 5th 1934

19. UNDERTAKER (ADDRESS) Chas. J. Gates 4107 Finney Ave.

20. FILED ..... 1934 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-31- 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-28- 1933, to 12-31- 1933

I last saw him alive on 12-31- 1933 Death is said to have occurred on the date stated above, at 1:15 a m.

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

Tuberculous Pneumonia — Date of onset 12-28-33

23A

23

Other contributory causes of importance:

~~[illegible]~~

Pulmonary Tuberculosis

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? .....

If so, specify .....

(Signed) Henry A. Hampton, M. D.

(Address) 2945 - Lawton City Hosp. #2.

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.