

OCT 22 1934

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

Do not use this space.

33116<sup>2</sup>

1. PLACE OF DEATH

County Jackson  
Township Prarie  
City Jackson (No. Jackson County Home St. Ward)

Registration District No. 400  
Primary Registration District No. 5538

File No. \_\_\_\_\_  
Registered No. 216

2. FULL NAME

Wm. L. Titus  
(a) Residence, No. Jackson County Home Ward.

(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. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
1 86 2 28

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

13. NAME No Record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 4

15. MAIDEN NAME No Record

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

17. INFORMANT Ernest Jackson (ADDRESS) Prarie Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Sept 29 1934

19. UNDERTAKER Mrs. E. C. Fowler (ADDRESS) 918 Broadway Ave

20. FILED Sept 28 1934 William T. Fields Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1934, to 9-26, 1934. I last saw him alive on 9-25, 1934. Death is said to have occurred on the date stated above, at 2 A.M.

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

Senile debility  
10<sup>2</sup> / 6<sup>2</sup>  
Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Plum 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) J. V. Greene M. D.  
(Address) in Independence

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.

