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.

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

MAR 21 1935

Do not use this space.

4605

1. PLACE OF DEATH
County Cape Girardeau Registration District No. 125
Township " " Primary Registration District No. 3009
City CAPE GIRARDEAU (No. So East Mo Hospital St. Ward)

File No.
Registered No. 63

2. FULL NAME W Jerry Hitt
(a) Residence, No. RFD #3 Cape Gir St., 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Ruff
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-14-1856
7. AGE YEARS 78 MONTHS 2 DAYS 14 If LESS than 1 day; hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Cape Co Mo

FATHER
13. NAME Clark Hitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo

MOTHER
15. MAIDEN NAME Sarah Randol
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Co Mo

17. INFORMANT (ADDRESS) Wm Ruff Jackson Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt DATE March-3 1935
19. UNDERTAKER (ADDRESS) Hamann Funeral Home Cape Girardeau Mo
20. FILED 2-28 1935 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-28 1935
22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1935, to Feb 28, 1935
I last saw him alive on Feb 28, 1935. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Double Labor Pneumonia	

Other contributory causes of importance:

108

Name of operation Date of
What test confirmed diagnosis? 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) Paul R. Williams, M. D.
(Address) Cape Girardeau, Mo