

SEP 2 1 1935

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

Do not use this space.

26853

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1. PLACE OF DEATH

County Lafayette
Township Lexington
City Lexington (No. _____)

Registration District No. 461
Primary Registration District No. 5625

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Kittie M. Satterfield

(a) Residence, No. _____ 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 female 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 Benjamin Franklin Satterfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 15, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
91 no 7

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

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) Knoxville, Tenn.13. NAME Gustaves E. Barron14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Prince William Kentucky15. MAIDEN NAME Ruth Erenst16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known17. INFORMANT (ADDRESS) Mrs. Kittie Price Lexington Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Carrollton, MO DATE Aug 25, 193519. UNDERTAKER (ADDRESS) Winkler Funeral Home Lexington Mo.20. FILED Aug 23 1935 Jay Brill Bates Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-75 1931, to Aug 22 1935
old saw her alive on Aug 21 1935. Death is said to have occurred on the date stated above, at 7:45 P M.

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

Stroke following fracture neck by the fence Date of onset 3 days

Other contributory causes of importance:

Arterio sclerosis
Carcinoma of breast
Chronic enteritis - Acute 2 1/2 years

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) R. G. [Signature], M. D.(Address) Lexington, Mo.

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**

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1. PLACE OF DEATH

County Lafayette
Township Levington
City Levington (No. _____)

Registration District No. 461
Primary Registration District No. 3625

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Kittie M Satterfield

(a) Residence, No. _____ St. _____ Ward _____

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>20</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
	<u>92</u>	<u>10</u>
	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>7</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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)		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	19
19. UNDERTAKER (ADDRESS)		
20. FILED <u>2-23</u> 19 <u>35</u> <u>Wagon Brier (Gates)</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

Shock following fracture of right femur

Date of onset

Other contributory cause of importance:

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? Accident Date of injury Aug 17, 1935

Where did injury occur? her home - Levington Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

her home

Manner of injury fall getting out of bed

Nature of injury fracture neck femur right

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) C. J. Ryland, M. D.

(Address) Levington Mo

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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