

OCT 2 2 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County FranklinRegistration District No. 294Township CentralPrimary Registration District No. 5409BCity St. Clair (No.)

29181

File No. Registered No. St. Ward

2. FULL NAME

(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

4. COLOR OR RACE

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR)

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. UNDERTAKER (ADDRESS)

20. FILED

Sep 13 1935

W. E. Kitchell

St. Clair

Mo.

Regist.

MEDICAL CERTIFICATE OF DEATH

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

Sept. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 11 1935 to Sept. 11 1935I last saw him alive on Sept. 11 1935 Death is saidto have occurred on the date stated above, at 4 P. m.

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

Date of onset

Acute EndocarditisW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. KitchellW. E. Kitchell

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.

