

JUL 22 1936

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

Do not use this space.

22737

1. PLACE OF DEATH

Country Jackson Registration District No. 398  
Township Independence Primary Registration District No. 3019  
City Independence Precinct Santaron

File No. \_\_\_\_\_  
Registered No. 236  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Alta E. Kittell

(a) Residence, No. 1526 Maywood 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Clarence Kittell

22. I HEREBY CERTIFY, that I attended deceased from May 6 1936 to June 26 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 - 1884

I last saw her alive on June 26 1936 Death is said to have occurred on the date stated above, at 948 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 4 1

The principal cause of death and related causes of importance were as follows: Pulmonary Edema (acute) Date of onset \_\_\_\_\_

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Other contributory causes of importance: Cholelithiasis; Chronic Myocarditis; Calc. Boreum; Chr. T. B. lungs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago Illinois

13. NAME Roger Cunningham

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

15. MAIDEN NAME McKinnon

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

17. INFORMANT Clarence Kittell (ADDRESS) 1526 Maywood

18. BURIAL, CREMATION, OR REMOVAL PLACED W. H. Burdette DATE June 29 1936

19. UNDERTAKER Public Burial (ADDRESS) 101 7th St. Kansas City

20. FILED 7-1-36 J. H. Cook Registrar

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) Delmon, M. D.

(Address) 10307 21st

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.

STATE BOARD OF HEALTH WITH SUPPLYING INFORMATION THIS IS A PERMANENT RECORD

