

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

Do not use this space.

30347

SEP 21 1936

1. PLACE OF DEATH

County Jefferson Registration District No. 213
Township Jefferson Primary Registration District No. 3014
City Jefferson City (No. 1) St. Marys Hosp. St. _____ Ward _____

File No. _____
Registered No. 254

2. FULL NAME

(a) Residence, No. Lizzie Kitz St. Reldon Ward _____
(Usual place of abode) Jefferson (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-3-1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 6 27

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

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) Russellville, Mo

13. NAME George Kitz

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

15. MAIDEN NAME Barbara Weber

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

17. INFORMANT Mrs Edd Repper (ADDRESS) Russellville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Russellville Mo DATE 9-17-36

19. UNDERTAKER Wesley Schubert (ADDRESS) Russellville Mo

20. FILED 8/30/36 W. Bedford Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20 36

22. I HEREBY CERTIFY, That I attended deceased from 8/11/36, 10³⁶ to 8/30/36, 19³⁶

I last saw her alive on 8/30, 19³⁶ Death is said to have occurred on the date stated above 10:25 a.m.

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

Pulmonary tuberculosis
23

Other contributory causes of importance:
Appendixal abscess. 7/20/36

Name of operation Excision - hernia Date of 8/31/36
What test confirmed diagnosis? clinical 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) W. Bedford M. D.
(Address) Jefferson City, 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.

