OCT 15 1936

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

Do not use this space.

31243

File No.
Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kan — Primary Registration District No. 1002
City Kansas City (No. KC Gen Hosp St. 4047 Ward)

2. FULL NAME Carl Kitchen

(a) Residence, No. 2614 E. 11th 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. 5 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)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	5 mo	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Mo

FATHER

13. NAME Harvey Kitchen

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

MOTHER

15. MAIDEN NAME Handley

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

17. INFORMANT Ledna Clerk
(ADDRESS) KC Gen Hosp KC Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenlawn DATE Sept. 2 .36

19. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 W Linwood

20. FILED 9-1 1936 M. M. Crowe, asst
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8 31 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-31 1936 to 8-31 1936

I last saw h. alive on 8-31 1936. Death is said to have occurred on the date stated above, at 8:53 a.m. p.m.

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

	Date of onset
Intussusception	
1hr 3-1	

Other contributory causes of importance:

Name of operation yes Date of 8-31-36
What test confirmed diagnosis? Was there an autopsy? yes

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) J. T. Jones, M. D.
(Address) 5 J & K Gen Hosp KC 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.