

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.

OCT 1 1936

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

Do not use this space.

33380

1. PLACE OF DEATH

County Stoddard

Registration District No. 836

File No. H 4

Township Ell

Primary Registration District No. 6100

Registered No. 44

City No

St.  Ward

2. FULL NAME

Thomas Leonard Kitchen

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 5 1922

7. AGE YEARS 14 MONTHS 5 DAYS 2 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child 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) Stoddard County, Mo.

MOTHER 13. NAME Lewis Kitchen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Missouri

15. MAIDEN NAME Martha Tucker

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

17. INFORMANT W. R. Owens (ADDRESS) La. Valley, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Berlin Cem DATE 8-8 36

19. UNDERTAKER Paul J. Hopkins (ADDRESS) Berlin Mo.

20. FILED Aug. 13, 1936 Glenn A. Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 36

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to Aug 7, 1936

Last saw alive on Aug 7, 1936. Death is said to have occurred on the date stated above, at 12.5 P. m.

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

Typhoid Fever -  
Intestinal Hemorrhage Aug 7

Date of onset Aug 20

Other contributory causes of importance:

Name of operation Chi. Lab. Date of no  
What test confirmed diagnosis Chi. Lab. 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) G. F. Buchanan, M. D.  
(Address) Paris Mo.

