

REG 4 1936

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

Do not use this space.

38795

1. PLACE OF DEATH

County Ray Registration District No. 744  
Township Richmond Primary Registration District No. 3035  
City Richmond St. 5th Ward

2. FULL NAME Clarence B. 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 Ma. 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1883

7. AGE YEARS 53 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver  
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) Lexington, MO (STATE OR COUNTRY)

FATHER 13. NAME John B. Kitchen

14. BIRTHPLACE (CITY OR TOWN) Saline County, MO (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Laura Bell Thorp

16. BIRTHPLACE (CITY OR TOWN) Saline County, MO (STATE OR COUNTRY)

17. INFORMANT Clarence Kitchen, Jr. (ADDRESS) Lexington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo DATE Oct. 20, 1936

19. UNDERTAKER Winkler (ADDRESS) Lexington, MO.

20. FILED 140 19 36 E E Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1936

22. I HEREBY CERTIFY, That I attended deceased from                     , 19                    , to                     , 19                    .

I last saw him                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at 1 a.m.

The principal cause of death and related causes of importance were as follows: Homicide (Gunshot)

Other contributory causes of importance:                     

Name of operation                      Date of                       
What test confirmed diagnosis Chin Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Homicide Date of injury 10/19/36

Where did injury occur? Lexington, Mo (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gunshot  
Nature of injury 1. 1. Gun free

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                     

(Signed) E. E. Ray M. D. (Address) Richmond, 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.

