

APR 8 1937

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

9648

1. PLACE OF DEATH

County Jackson  
Township Jackson  
City Kansas City (No. 3447 Agnes)

Registration District No. 399  
Primary Registration District No. 1002

File No. 9648  
Registered No. 335  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles W. Lites  
(a) Residence, No. 3447 Agnes St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 29 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11 1869

7. AGE YEARS 67? MONTHS 9 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. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate  
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) Literberry Ill

FATHER  
13. NAME John W. Lites

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

MOTHER  
15. MAIDEN NAME Elizabeth J. Goodpastor

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

17. INFORMANT Clyton B. Lites (ADDRESS) 3447 Agnes

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Mar 27 1937

19. UNDERTAKER D. W. Newcomer Sons (ADDRESS) \_\_\_\_\_

20. FILED Mar 19 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1937

22. I HEREBY CERTIFY, That I attended deceased from August 4 1936 to March 19 1937

I last saw him alive on March 18 1937 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Paralysis Agitans Date of onset 1930  
876 (3)

Other contributory causes of importance:

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Urinal 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) J. H. Wakefield, M. D.  
(Address) 406 W. 34th St. C.M.O.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Medical Office  
Va 7222  
4:30