

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

Do not use this space.

17432

1. PLACE OF DEATH

County St. Clair Registration District No. 763
Township Butler Primary Registration District No. 4458
City Louisy City, Mo (No. _____) St. _____ (Ward) _____

2. FULL NAME George Thomas Kitterman

(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 14 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 Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/00 26 - 1878

7. AGE YEARS 58 MONTHS 4 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Scrum, Mo (STATE OR COUNTRY) St. Clair, Mo

13. NAME Isaac Kitterman

14. BIRTHPLACE (CITY OR TOWN) don't know (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Jennie Scott

16. BIRTHPLACE (CITY OR TOWN) not given (STATE OR COUNTRY) _____

17. INFORMANT Louisa Kitterman (ADDRESS) Louisy City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Louisy C. T. Cemetery DATE 4/25/37

19. UNDERTAKER H.C. Coakley (ADDRESS) Louisy City, Mo

20. FILED May 14 1937 Sophine Stratton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24/37 1937

22. I HEREBY CERTIFY that I attended deceased from Apr 21st 1937 to Apr 24 1937

I last saw him alive on Apr 24 1937 Death is said to have occurred on the date stated above, at 2 p.m.

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

Hemorrhage, anemia Date of onset 4/16/37

Other contributory causes of importance: Peptic Ulcer, Stomach, Hypertension 4/16/37

Name of operation None Date of _____

What test confirmed diagnosis None 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 _____, 1937

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 _____ (Sign of Leop. M. M. D.)

(Address) Louisy 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.



Small, faint text or markings, possibly a signature or a date, located in the lower left quadrant of the image.

Small, faint text or markings, possibly a signature or a date, located in the lower right quadrant of the image.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Clair Registration District No. 763 File No. 17432
 Township _____ Primary Registration District No. 4458 Registered No. _____
 City Lourey City (No. _____ St. _____ Ward _____)

2. FULL NAME

George Thomas Kitterman
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Divorced

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 25 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 4 28

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

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) St. Clair Mo

13. NAME Issac Kitterman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Mo

15. MAIDEN NAME Jessie Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Mo

17. INFORMANT (ADDRESS) Laura Kitterman Lourey City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lourey City Cemetery 4-28-37

19. UNDERTAKER (ADDRESS) H. C. Austin Lourey City Mo

20. FILED May 4 1937 Sophad Stratton Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 21 1937 to Apr 24 1937
 I last saw her alive on Apr 24 1937. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Hemorrhage
Anemia
Peptic ulcer of stomach perforated
 Date of onset 4/16/37

Other contributory causes of importance:
Peptic ulcer of stomach perforated
 Date of onset 4/14/37

Name of operation _____ Date of _____
 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) Geo. S. Wright, M. D.
 (Address) Lourey City Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

5-17432