DEC 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Scotland
Township Johnson
City Arbela Rt 1 (No. ..... St. ..... Ward)
Registration District No. 612
Primary Registration District No. 6061
File No. 42584
Registered No. 14

2. FULL NAME Cynthia Kittle
(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 Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF J. L. Kittle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-15-1863
7. AGE YEARS 74 MONTHS 0 DAYS 1 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. Housewife
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) Scotland Co Mo

FATHER
13. NAME Joseph Schirch
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Margaret Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) E. J. Kittle Arbela Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Providence DATE Nov 17 1937
19. UNDERTAKER (ADDRESS) Geo H Barnett Memphis Mo
20. FILED 11/17 1937 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1937, to Nov 15, 1937
I last saw her alive on Nov 15, 1937. Death is said to have occurred on the date stated above, at 3:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	11-13-37
Interstitial Nephritis CHR	—
B	

Other contributory causes of importance:

Floating Kidney	—
Pyelitis	11-2-37

Name of operation None Date of —
What test confirmed diagnosis? P. X 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) E. E. Gilfillan, M. D.
(Address) Perlaski, Iowa

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.