

REC'D MAR 14 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District No.

(No. State Hospital #)

85

1001

File No.

Registered No.

St.

Ward

6077

152

## 2. FULL NAME

(a) Residence, No. (Usual place of abode)

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.

Herbert C. Kitchum

R. F. D. # 4 north Kansas City, Mo.

yrs. 1 mos. ds.

(If nonresident, give city or town and State)

No. Kansas City, Mo.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (or) WIFE OF

Mrs. Herbert C. Kitchum

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

Est 1869

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

76

?

?

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

Carpenter

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)

United States

13. NAME

? Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

Mrs. Jessie Hoderhoff  
Ind. Kansas City, Mo. R. F. D. # 4

18. BURIAL, CREMATION, OR REMOVAL

PLACE

State Hospital #

DATE

Feb. 6 1938

19. UNDERTAKER

(ADDRESS)

Fred D. Clark  
St. Joseph, Mo.

20. FILED

Feb 6 1938

H. J. Nettekuch  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

Feb 5

1938

22. I HEREBY CERTIFY, That I attended deceased from

Jan. 10, 1938, to Feb. 5, 1938

I last saw him alive on Feb. 5, 1938. Death is said

to have occurred on the date stated above, at 1:30 P.M.

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

Hypertensive heart disease

Date of onset

?

Other contributory causes of importance:

Pulmonary tuberculosis

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

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

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. H. Panethese

M. D.

(Address) State Hospital No. 2

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.

