

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

Do not use this space.

13654

1. PLACE OF DEATH
REC'D MAY 9 1938

County Jackson

Registration District No. 399

Township Kaw

Primary Registration District No. 1002

City Kansas City, Mo.

(No. Northeast Hospital)

File No. 1634

Registered No. 1634

2. FULL NAME John Rogers Hitchcock B. 2. 2.

(a) Residence, No. 642 Prospect, Kansas City, Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/21/1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 65 6 25

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Board of Education

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) Iowa

13. NAME Clark Hitchcock

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

15. MAIDEN NAME Caroline Rodgers

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

17. INFORMANT E. H. Hitchcock (ADDRESS) 302 Kentucky

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington DATE 4/19/38

19. UNDERTAKER Sheil Funeral Home (ADDRESS) 6606 Indep. Ave.

20. FILED Apr 18 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/16/38 1938

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 1938

I last saw him alive on _____, 1938 Death is said to have occurred on the date stated above, _____, 1938.

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

Lobar pneumonia
interlobar pneumonia
108

Other contributory causes of importance: W

Name of operation Autopsy 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 _____, 1938

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? _____
If so, specify _____

(Signed) [Signature], M. D.
(Address) [Signature]

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

