

REC'D JUN 22 1938

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

18842
Do not use this space.

1. PLACE OF DEATH

(a) County Marion Registration District No. 547
(b) Township Marion Primary Registration District No. 3079
(c) City Hannibal (d) Street No. 520 N. Hawkins Ave Registered No. 158
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 4 mos. ds. (f) How long in U. S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

George Marshall McKittrick
(a) Residence, No. 520 N. Hawkins Ave St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Florence Young McKittrick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4-1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as 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) Fairfield Ill.

FATHER 13. NAME John McKittrick

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

MOTHER 15. MAIDEN NAME Elizabeth Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morgan Town Ohio

17. INFORMANT (ADDRESS) Edith P. McKittrick
Hannibal Mo.

18. BURIAL (CREMATION OR REMOVAL) PLACE Fairfield Ill. DATE May 20-1938

19. FUNERAL DIRECTOR (ADDRESS) W. P. S. Sweeney
Hannibal Mo.

20. FILED May 23, 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18-1938

22. I HEREBY CERTIFY, That I attended deceased from 2/9/1938, 1938, to May 18 1938, 1938
(last saw him alive on May 19 1938, 1938. Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:

Coronary Disease Cardiac

Unresolved Pneumonia
Cerebral Arteriosclerosis

Other contributory causes of importance

mild diabetes
mild Pelegria

Name of operation none Date of 1/2
What test confirmed diagnosis Blood & 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, 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? NO

If so, specify (Signed) J. E. Sultman M. D.

(Address) Hannibal Missouri

Date of onset

5/18/38Nov. 37
19351935
Feb 1935

STATEMENT BY LICENSED EMBALMER

I, Cecil E. Schwartz, Licensed Embalmer No. 2338

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.

No. 2338 or by Registered Apprentice No.

working under my personal supervision.

Signed

Cecil E. Schwartz

Licensed Embalmer No. 2338

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)