

REC'D FEB 24 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County MarionRegistration District No. 577Township MasonPrimary Registration District No. 2029City Harrison(No. ST Elizabeth Hospital)File No. 3056Registered No. 7

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. P. O. #3 Flasco Mo. 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

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

Mary

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

July-27-1903

## 7. AGE

35

## YEARS

4

## MONTHS

29

## DAYS

29

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

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

Laborer

## 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)

Flasco Mo

## 13. NAME

Nick Kitsock

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

UNKNOWN

## 15. MAIDEN NAME

Christian Klirg

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

UNKNOWN

## 17. INFORMANT

Chas Kitsock

(ADDRESS)

Flasco Mo

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE St Mary's CemDATE Dec-29-1938

## 19. UNDERTAKER

James O'Connell

(ADDRESS)

Hannibal Mo

## 20. FILED

Jan 3 1939

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-26-193822. I HEREBY CERTIFY That I attended deceased from June 1938, to Dec 26 1938I last saw him alive on Dec 26 1938 Death is saidto have occurred on the date stated above, at 10:30 P.M.

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

Tbc meningitisOther contributory causes of importance: 24Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis autopsy Where 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Stuebner M. D.(Address) 488100 North Main StSt. Louis Mo19381938193819381938193819381938193819381938

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.

