REC'D APR 7 1939

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

11349
Do not use this space.

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1. PLACE OF DEATH 2

(a) County Lawrence 1 Registration District No. 467

(b) Township ~~Aurora~~ 1 Primary Registration District No. 4280 Registered No. 23

(c) or City Aurora (d) Street No. 522 Highland St.
(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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 566 John P Kittrell

(a) Residence, No. 522 Highland 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	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 Nellie Kittrell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 9-1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Miner (Retired)

9. Industry or business in which work was done, as saw mill, bank, etc. Lead Mine

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) Wright County Missouri. 0

FATHER

13. NAME Francis Kittrell 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known 9

MOTHER

15. MAIDEN NAME Sarah Jane Gideon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Maude Kittrell Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Vernon Mo. DATE Mar 22 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. F. King Aurora Mo.

20. FILED 4-1 1939 R D Cowan M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 11- 1939 to Mch 20 1939
I last saw him alive on Mch 20 1939 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:

Cerebral Hemorrhage — Date of onset about 3 weeks before death

Other contributory causes of importance:

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 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) Neil Smith M D, M. D.
41 (Address) N W Pleasant Aurora Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr Smith

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

If this body is not embalmed, above space should be left blank.