

NOV 24 1939

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

35974
Do not use this space.

1. PLACE OF DEATH
(a) County Douglas 2 Registration District No. 280
(b) Township Clad Primary Registration District No. 5390
(c) City Matomb (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 David Thomas Kittle
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1852
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 10 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Granger County Tennessee
13. NAME William C. Kittle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Nancy Meritt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT (ADDRESS) James Kittle
18. BURIAL, CREMATION, OR REMOVAL PLACE Shilo DATE Jan 13-39
19. FUNERAL DIRECTOR (ADDRESS) _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 14, 1939, to April 12, 1939
I last saw him alive on April 14, 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Hemorrhage of Brain
Other contributory causes of importance: Asterial Sclerosis
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? _____
If so, specify _____ (Signed) J. J. [Signature], M. D.
(Address) [Address]

20. FILED Oct 13 1939 Mrs Edith Hopewell
Local Registrar.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 6,

District File Number 1139-2316

Date Filed NOV 10 1939

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

..... Licensed Embalmer No.

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