JUN 13 1940

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

Do not use this space.

18400

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No.

Township — Primary Registration District No. 2001 — Registered No. 417

City Springfield (No. Burge Hosp / St. Ward)

325

2. FULL NAME Kitzmiller - William Leon

(a) Residence, No. ~~Arcola~~ St., Ward. Arcola Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
m.	w.	child.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 - 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1	4	9	25	

OCCUPATION

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

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) Arcola - Mo.

FATHER

13. NAME Kitzmiller, - ~~Beatrice~~ Jessie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Arcola~~ - Mo. Jericho Spgs.

MOTHER

15. MAIDEN NAME Leymaster, - Beatrice

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arcola - Mo

17. INFORMANT (ADDRESS) Jessie Kitzmiller Arcola - Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Omer. DATE 5-7-40, 19

19. UNDERTAKER (ADDRESS) Melwin Church. Stockton - Mo

20. FILED 5-5- 1940 W. E. Handley MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-40 19

22. I HEREBY CERTIFY, That I attended deceased from 4-9-40, 19..., to 5-5-40, 19...

I last saw him alive on 5-5-40, 19... Death is said to have occurred on the date stated above, at 6 P m.

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

Meningitis (Pneumococcus

Date of onset

Other contributory causes of importance: 7 9 W

Name of operation ... Date of ...

What test confirmed diagnosis? Sp. Fluid Exam was there an

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) Urban Busch, M. D.

(Address) Springfield, Mo

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.