

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Leeds
 City Jackson Mo.

Registration District No. 398
 Primary Registration District No. 3554

File No. 27116
 Registered No. 238 (Ward)

2. FULL NAME

(a) Residence. No. 2 1/2 mi E of Leeds St. 14 Ward. (Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 15 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): K. C. Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Martin Mitts

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo. (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Ellen Thompson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): K. C. Mo. (STATE OR COUNTRY)

14. INFORMANT M. Martin Mitts (Address) 2 1/2 E of Leeds

15. FILED 9/30 1927 M. B. Cooke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9 - 9 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1927, to Aug 26, 1927 that last seen alive on Aug 26, 1927, and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus
61 C
111 C
158 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Infiltration of st lung + Hypertrophied (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: No
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? X-ray & clinical
9/ (Signed) Th. J. H. H. H. H., M. D.
 (Address) K. C. Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Marys Ind Mo DATE OF BURIAL 9/10 1927

20. UNDERTAKER W. Mast ADDRESS 1915 East 15 St. K. C. 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.

Stadler
844 Fortknock