

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

Do not use this space.

9563

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City

Registration District No. 399
Primary Registration District No. 1008
(No. 1611 East 37th)

File No. _____
Registered No. 1162
St. _____ Ward _____

2. FULL NAME Mrs. Cecelia M Sitterman

(a) Residence, No. 1611 East 37th St., _____ Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H Sitterman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 3 1882</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>11</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Dunsmuir Texas</u>		
FATHER	13. NAME <u>John J Collins</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
MOTHER	15. MAIDEN NAME <u>Mary Collins</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>	
17. INFORMANT (ADDRESS) <u>J. V. Sitterman 1611 East 37th</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>3-10-33</u>		
19. UNDERTAKER (ADDRESS) <u>Wirk & Tobin Co. 20 West Linwood</u>		
20. FILED <u>3-9-33</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/33 1933

22. Deputy Coroner HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:00 P.M.

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

Secondary third degree burn of face arms and chest. 181

Other contributory causes of importance: Not a conflagration

Name of operation No Date of _____

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in as follows: Accident, suicide, or homicide. Date of injury 3/3/33

Where did injury occur 1611 East 37th Kansas (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Explosion of gas furnace

Nature of injury Extensive burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) [Signature]

(Address) K.C.M.O.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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