

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

18475
 Do not use this space.

REV JUN 15 1938

1. PLACE OF DEATH

(a) County Jackson Registration District No. 403
 (b) Township Brookline Primary Registration District No. 5557 Registered No. _____
 (c) City Kansas City, Mo. (d) Street No. 43 and Blue Ridge Cutoff 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

(a) Residence, No. 43 & Blue Ridge Cutoff 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 Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Mitts
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-27-1883
 7. AGE YEARS 55 MONTHS 8 DAYS 6
 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Dairy man
 10. Date deceased last worked at this occupation (month and year) 1-4-20
 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME William Mitts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clark County, Mo.

15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Mary Mitts, 43 & Blue Ridge Cutoff

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Indp. Mo. Ave. May 5th, 1938

19. FUNERAL DIRECTOR (ADDRESS) Mrs. C. L. Forster, 918 Brooklyn Avenue, K. C. Mo.

20. FILED 5-8 1938 W. M. Eubank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3rd, 1938

22. I HEREBY CERTIFY, That I attended deceased from on May 2, 1938, to _____, 19____
 I last saw him alive on May 2, 1938. Death is said to have occurred on the date stated above, at 6.20 A.M.
 The principal cause of death and related causes of importance were as follows:

Asthmatic Crisis
Chronic Asthma
 Date of onset 5-2-38
 1900

Name of operation _____ Date of _____
 What test confirmed diagnosis? Physician's Files Was there an autopsy? no

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) Harry C. Lewis, M. D.
 (Address) 1103 Grand
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.

HARRY CHAPMAN
9/21 9 52 55

Harry Chapman

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.)