REC'D JAN 6 1939

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

Do not use this space.

43818

This Old Colord Lady did not know the month day of birth
Supposed to be 72 yrs old

1. PLACE OF DEATH
County *Moniteau* 2
Township *Webster*
City *California* (No.   St.   Ward)
Registration District No. *571*
Primary Registration District No. *4335*
File No.
Registered No. *65*

2. FULL NAME *325 Lucinda Kitchen*

(a) Residence, No.   St.,   Ward.
(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	MEDICAL CERTIFICATE OF DEATH

3. SEX *Female*
4. COLOR OR RACE *Black*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *They do not know*

7. AGE
YEARS *72*
MONTHS
DAYS
IF LESS than 1 day, ...hrs.
or ....min.

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

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 *0*

12. BIRTHPLACE (CITY OR TOWN) *Jamestown*
(STATE OR COUNTRY) *Mo.*   0

FATHER
13. NAME *Alex Crum*
14. BIRTHPLACE (CITY OR TOWN) *Ofor Ky.* 1
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) *unknown*   9
(STATE OR COUNTRY)

17. INFORMANT *Ollie Kitchen*
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Cross Hill*   DATE *12-25-38*

19. UNDERTAKER *J.W. Wilson & Son*
(ADDRESS) *California, Mo.*

20. FILED *12-25-1938* *A.R. Popejoy* Registrar.   *50¢*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-23-1938*

22. I HEREBY CERTIFY, That I attended deceased from   19   to   , 19
I last saw h...... alive on *Never*   , 19.......   Death is said to have occurred on the date stated above, at *11 30* *A.* m.
The principal cause of death and related causes of importance were as follows:

Apoplexy

Sudden death

Date of onset

Other contributory causes of importance:

Name of operation *none*   Date of
What test confirmed diagnosis? *History*   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? *no*
If so, specify
(Signed) *A.R. Popejoy   Coroner*   M.D.
(Address) *California Mo.*