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

Do not use this space.

2869

FEB 2 9 1931

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123

Township Carondelet Primary Registration District No. 6248 B. File No. 93

City ~~Jefferson Barracks~~, Mo. (No. U.S. Veterans Hospital, Jefferson Barracks, Mo. Ward) Registered No.

2. FULL NAME Sam Kitchen

(a) Residence. No. 628 E. Capitol Str. St., Ward.
(Usual place of abode) Jefferson City, Mo. (If nonresident give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own. 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)
Male.	COLORED	Married.

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Mrs. Nettie Kitchen.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unavailable.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
About	38			

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Unavailable.

(b) General nature of industry, business, or establishment in which employed (or employer) Unavailable.

(c) Name of employer Unavailable.

9. BIRTHPLACE (CITY OR TOWN) California,
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER Steve Kitchen.

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

12. MAIDEN NAME OF MOTHER Lucinda Crum.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.
(STATE OR COUNTRY) Unavailable.

14. INFORMANT C. F. Smith, Physical Director
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED Feb. 27, 1931 C. Obrad, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 23, 19 31

17. I HEREBY CERTIFY, That I attended deceased from January 22, 19 31 to January 23, 1931, that I last saw h... 1m.. alive on January 23, 19 31, and that death occurred, on the date stated above, at 1:25 PM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Terminal Pneumonia.

1946
1115 1-24-19

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cirrhosis of liver.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Yes.

WHAT TEST CONFIRMED DIAGNOSIS? Physical, Autopsy, X-Ray & Laboratory findings.

(Signed) W. C. Gibson Medical Officer in Charge, M.D.

, 19 (Address) U.S. Veterans Hospital, Jefferson Barracks, 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 Jefferson City, California Mo.

DATE OF BURIAL 1-26 1931

20. UNDERTAKER L. D. Hardiman

ADDRESS Jefferson City 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.