

Commonwealth of Kentucky
 THE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County *Washington*

Vol. Pat. *Summer*

Ino. Town

City

FULL NAME *Martin Truman Kitzinger*

Registration District No. *7134*

Primary Registration District No.

(No. St. Ward)

File No.

16058

Registered No.

(If death occurred in a hospital or institution give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Single</i>
6 DATE OF BIRTH <i>Feb. 6, 1915</i> (Month) (Day) (Year)		
7 AGE <i>4 mos. 20 ds.</i> yrs. mos. ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) <i>None</i>		
9 BIRTHPLACE (State or country) <i>Ky.</i>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
6 28 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *2/6*, 1915, to *6/27*, 1915, that I last saw him alive on *6/26*, 1915, and that death occurred on the date stated above at *6 p.m.* The CAUSE OF DEATH* was as follows:
Spinal Meningitis

(Duration)..... yrs. *2* mos. *10* ds.
Contributory..... *Spinal Rhipid*
(Duration)..... yrs. mos. ds.
(Signed) *D. J. [Signature]*
6/27, 1915

PARENTS	10 NAME OF FATHER <i>Clyde Kittinger</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Ky.</i>
	12 MAIDEN NAME OF MOTHER <i>Estella [Signature]</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>Ky.</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Clyde Kittinger*
 (Address)

18 STATE THE DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
 At place of death..... yrs. mos. ds. State..... yrs. mos. ds.
 Where was disease contracted, if not at place of death?

15
 Filed *6/28*, 1915 *S.A. Stewart*
 REGISTRAR

20 PLACE OF BURIAL OR REMOVAL
East Union

21 DATE OF BURIAL
6/28, 1915

22 UNDERTAKER
Ed Croft

ADDRESS
Proham Ky

WRITE PLAINLY, WITH INK, WITH IMPASSIVE INK. THIS IS A PERMANENT RECORD.

77 hours of information. It is to be carefully supplied. All should be stated EXACTLY. PHYSICIANS state CAUSE OF DEATH in terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.

DEATH