JUL 26 1927

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

Do not use this space.
Dr W P Patterson
File No. 18008
Registered No. 357

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield, Mo (No. ..., ... St. ... Ward)
Registration District No. 318
Primary Registration District No. 5440

2. FULL NAME: Thomas, Pitman
(a) Residence. No. Route #7 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. 1 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	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 8th 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	7	28	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Jno Pitman
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Unknown

14. INFORMANT Mrs Thomas Pitman
(Address) Route 7 Springfield, Mo

15. FILED 6/7 1927 Ole Horst Mc
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6th 1927

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1927, to June 6th 1927, that I last saw h. alive on June 5 1927, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
Dd 900
Senile
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Exhaustion
Hypostatic Lung
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W P Patterson, M. D
6/7, 1927 (Address) Springfield 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: Brookline Mo
DATE OF BURIAL: June 7 1927
20. UNDERTAKER: H H Schwegler
ADDRESS: Ash 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD