FEB 21 1928

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

Do not use this space. 1566

1. PLACE OF DEATH

County: [illegible] Registration District No. 413

Township: Mineral Primary Registration District No. 5553 File No. 5553

City: [illegible] (No. [illegible] St. [illegible] Ward) Registered No. 8003

2. FULL NAME Mrs Mary C. Pittsfield

(a) Residence. No. 4 Maple N. E. of Oak St. [illegible] 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	79	8	20	

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

9. BIRTHPLACE (CITY OR TOWN) Frankfort
(STATE OR COUNTRY) Ind

PARENTS

10. NAME OF FATHER Wm. R. McNeth

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

12. MAIDEN NAME OF MOTHER Catherine Jackson

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

14. INFORMANT Howard Pittsfield
(Address) Bronson Mo

15. FILED Feb 10 1928 J. E. Barson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1928 to Jan 10 1928, that I last saw him alive on Jan 10 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(a) Apoplexy
(b)
Paralysis (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) None
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. H. Hugan, M. D.
Feb 1 1928 (Address) Nebraska 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: Park Cemetery Pittsburg — DATE OF BURIAL: 1/12 1928

20. UNDERTAKER: Webb City Und. Co. — ADDRESS: Webb City

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.

PERMANENT RECORD