

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

Do not use this space.

9364

1. PLACE OF DEATH

County Jackson Registration District No. 4048
 Township Washington Primary Registration District No. 8388
 City Wardensburg (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 25
 St. _____ Ward _____

2. FULL NAME Maria Louisa Pittenger

(a) Residence. No. Grandview 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 28 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 29

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

9. BIRTHPLACE (CITY OR TOWN) Adams Co. Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER Thos. G. Dryden

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

12. MAIDEN NAME OF MOTHER Ellis

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

14. INFORMANT Arthur H. Pittenger
 (Address) K. C. Mo

15. FILED 9-18-28 1928 W. J. Pressman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar - 27 1928

17. I HEREBY CERTIFY That I attended deceased from Feb. 29, 1928, to Mar. 27, 1928 that I last saw her alive on Mar. 26, 1928 and that death occurred, on the date stated above, at 6:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
Arterio-sclerosis (duration) several yrs. mos. da.
 CONTRIBUTORY (SECONDARY) Arterio-sclerosis (duration) several yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? 91 B

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____

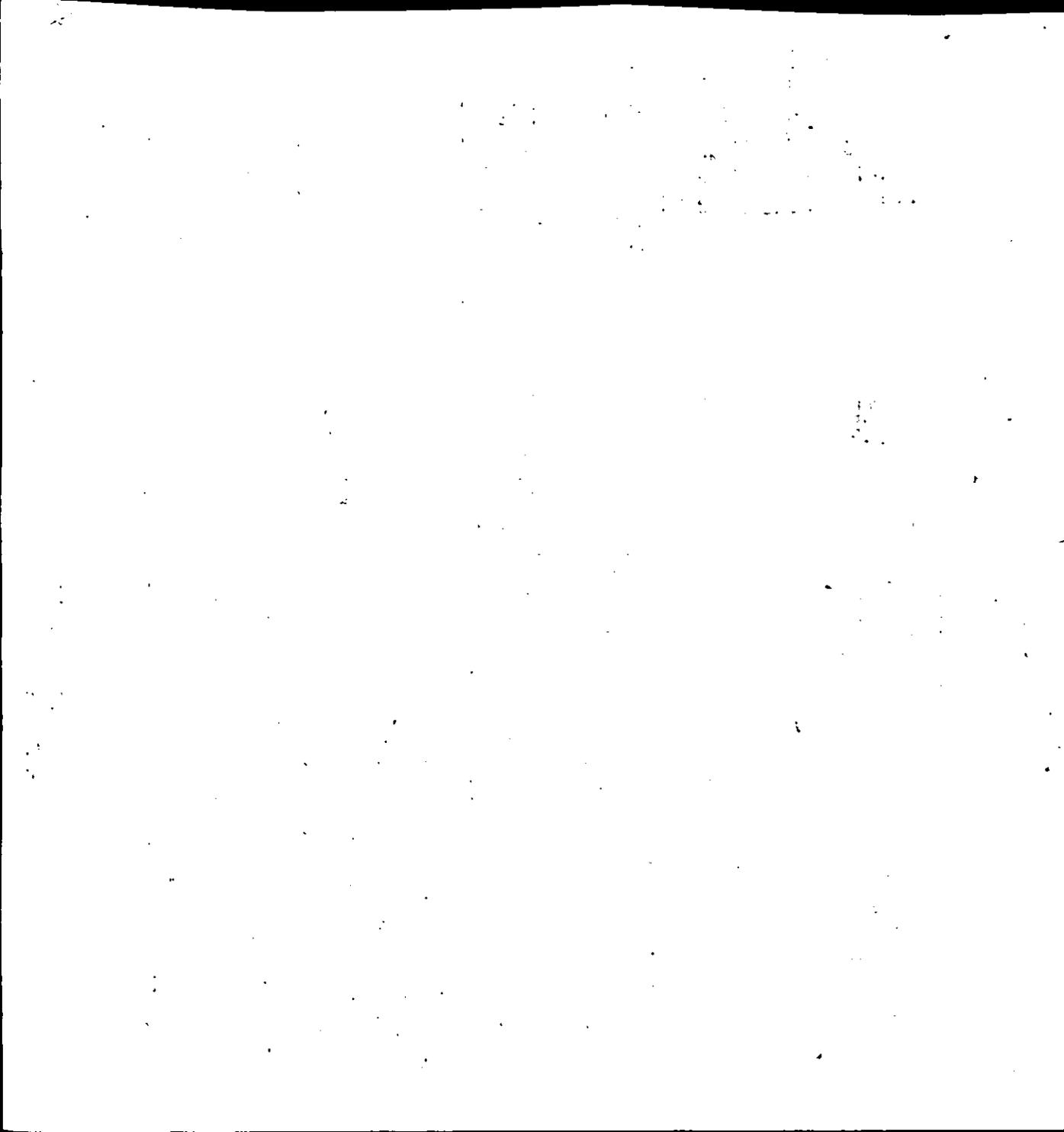
WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. S. Swaney, M. D.
Mar. 27, 1928 (Address) Lee's Summit, Mo.

*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 Lee's Summit DATE OF BURIAL _____ 19 _____

20. UNDERTAKER Cedar Bros ADDRESS K. C. Mo.

PARENTS



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township Washington
City Washington (No. ; St. ; Ward)

Registration District No. 2404
Primary Registration District No. 3-3-3-8

File No.
Registered No. 25-

2. FULL NAME

Maria Louisa Pittenger

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) W

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

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

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

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

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 6-9-1925 R.F. Orin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1928

17. I HEREBY CERTIFY, That I attended deceased from to , 19 , and that death occurred, on the date stated above, at .

THE CAUSE OF DEATH* WAS AS FOLLOWS:

 (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) , M. D.
 , 19 (Address)

*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL May 30 1928

20. UNDERTAKER E. J. Orin ADDRESS

WHEN THIS FORM IS USED TO REPORT DEATHS, IT MUST BE ACCOMPANIED BY A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-9364