

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

Do not use this space.

40803

1. PLACE OF DEATH

County Jackson Registration District No. 349 File No. 5000
 Township Ross Primary Registration District No. 100 Registered No. 5183
 City Kansas City (No. 4119 Baltimore Ave) St. Ward

2. FULL NAME

William E. Pittman
 (a) Residence. No. 4119 Baltimore Ward. 7
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF <u>Widowed</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 27 1893</u>				
7. AGE	YEARS <u>35</u>	MONTHS <u>1</u>	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Cooper</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer				

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

10. NAME OF FATHER Francis M. Pittman

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

12. MAIDEN NAME OF MOTHER Sarah A. Russell

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

14. INFORMANT B. F. Pittman
 (Address) 4119 Baltimore

15. FILED 17/16 1928 M. M. Corwin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 15 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 12 1928 to Dec 15 1928
 that I last saw him alive on Dec 14 1928, and that death occurred, on the date stated above, at 4 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral
83
76 97 78B (duration) yrs. mos. da. 4
 CONTRIBUTORY Brain cerebral
 (SECONDARY) arterio sclerosis (duration) yrs. mos. da. 2

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF.....
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Symptom
 (Signed) Wm. E. Pittman M. D.
17-10 1928 (Address) 814 med-arts Bldg

*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 Forest Hill DATE OF BURIAL 12/17 1928

20. UNDERTAKER Freeman Mortuary ADDRESS 472nd St Baltimore

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

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.

