

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township St Joseph Primary Registration District No. 1001
City St Joseph (No. 2403 Circle Drive) St. _____ Ward)

39774

File No. _____
Registered No. 1454
St. _____ Ward)

2. FULL NAME

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

Geo W. Pittinger

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 7 1899
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
30 5 15

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

9. BIRTHPLACE (CITY OR TOWN) Lamar Mo
(STATE OR COUNTRY)
10. NAME OF FATHER Frank W. Pittinger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Plainville Mich
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Wallie Brand
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington Mo
(STATE OR COUNTRY)

14. INFORMANT Walla O. Whiteside
(Address) St Joseph Mo
15. FILED 3 1929 John G. Job REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 1929
17. I HEREBY CERTIFY, That I attended deceased from viewed on Dec 22 1929, to _____, 19____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide by gun shot wound at 2403 Circle Drive St Joseph Mo.

CONTRIBUTORY (SECONDARY) 170 (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? #4
(Signed) B.W. Padlock Coroner _____, M. D.

12/23 1929 (Address) St Joseph 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 Wt Wash Kansas City Mo DATE OF BURIAL 12/23 1929
20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Colburn

WRITE FAIRLY, 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.

Handwritten initials and scribbles

Handwritten numbers 19, 12, 1

