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

Do not use this space.

18118

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1002 ..... Registered No. 5276

City ..... (No. 1623 Morgan St. ..... Ward)

2. FULL NAME Richard Pittman

(a) Residence. No. 1623 Morgan St., 25 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: Mal
4. COLOR OR RACE: Col
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) May 6 1895

7. AGE: YEARS 34 | MONTHS 0 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Richard Pittman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville (STATE OR COUNTRY) Ky
12. MAIDEN NAME OF MOTHER: Carrie Cotton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Louisville (STATE OR COUNTRY) Kentucky

14. INFORMANT: Lucy Hilbert
(Address) 1623 Morgan

15. FILED MAY 29 1930 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from May 7, 1930, to May 29, 1930, that I last saw him alive on May 29, 1930, and that death occurred, on the date stated above, at 11:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis
130
194B (duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) Expansion to Wetness
(duration) ..... yrs. ..... mos. 21 ds.

18. WHERE WAS DISEASE CONTRACTED? 128
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) James T. Aldrich, M. D.
, 19 (Address) St Louis 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: Father Dickson | DATE OF BURIAL: 5-30 1930

20. UNDERTAKER: Watson and Son | ADDRESS: 4769 Chouteau Ave

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.

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