DEC 22 1930

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

Do not use this space.

37085

1. PLACE OF DEATH
County Randolph
Township Silver Creek
City ..... (No. ..... St. ..... Ward)

Registration District No. 731
Primary Registration District No. 5965

File No. .....
Registered No. 11

2. FULL NAME Joan Pitts
(a) Residence. No. Roanoke Mo RR. St. ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 6 mos. 27 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 3 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	6	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Infant
(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) Randolph Co Mo

PARENTS

10. NAME OF FATHER John A. Pitts Jr
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Randolph Co Mo
12. MAIDEN NAME OF MOTHER Nellie E. Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Saline Co Mo

14. INFORMANT John A. Pitts Jr
(Address) Roanoke Mo RR

15. FILED Dec 1 1930 A J Bradsher REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 30 1930

17. I HEREBY CERTIFY, That I attended deceased ~~from~~ Nov 30, 1930, ~~to~~ ....., 19.... that I last saw ~~her~~ alive on Nov 30, 1930, and that death occurred, on the date stated above, at 7 - a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Convulsions

..... (duration) ..... yrs. ..... mos. 3 hrs

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at Place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. M. Dickerson, M.D.
, 19 (Address) Armstrong 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 Roanoke Mo
DATE OF BURIAL 11 30 1930

20. UNDERTAKER Art Oldaker
ADDRESS Armstrong Mo

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.