

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

Do not use this space.

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1. PLACE OF DEATH  
 County Madaway Registration District No. 6.28  
 Township Polk Primary Registration District No. 3031  
 City Maryville (No. St. Francis Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John C. Pitts  
 (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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>32</u>	<u>9</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rammer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Quitman (STATE OR COUNTRY) Missouri

FATHER

13. NAME Lon Pitts

14. BIRTHPLACE (CITY OR TOWN) Indiana (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Zelda Martin

16. BIRTHPLACE (CITY OR TOWN) Quitman (STATE OR COUNTRY) Missouri

17. INFORMANT Lon Pitts (ADDRESS) Quitman, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Quitman, Mo DATE 3/13/32

19. UNDERTAKER Kilman (ADDRESS) Burlington, Ict. Mo.

20. FILED 3-9-32 Manuel C. Pitts Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1932

22. I HEREBY CERTIFY, That I attended deceased (from on March 8, 1932, to \_\_\_\_\_, 19\_\_\_\_)  
 I last saw him alive on March 8, 1932. Death is said to have occurred on the date stated above, at 5:50 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Deceased was struck by South Bound Burlington passenger train about 1 mile north of Quitman, Mo. at 5:30 a.m. 3/8/32. Left leg, thigh & elbow fractured. Other contributory causes of importance: Shock.  
 Date of onset 2:35

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? yes Date of injury 3-8, 19\_\_\_\_  
 Where did injury occur? about 1 mile north of Quitman, Mo. (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
On road track bridge.  
 Manner of injury struck by train  
 Nature of injury fractures of humerus

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

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.

APR 28 1932

