

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.

WIS 34 1932

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

Do not use this space.

19859

1. PLACE OF DEATH
 49 County Jasper Registration District No. 409
 Township _____ Primary Registration District No. 4242
 City Queweg (No. _____) St. _____ Ward _____

2. FULL NAME Barney Pitt
 (a) Residence, No. Queweg, Mo. St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) Oct 2, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>35</u>	<u>8</u>	<u>16</u>	

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

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) (STATE OR COUNTRY) Sarcoxie, Missouri

FATHER 13. NAME Levi Pitt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Mary Penfro
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Houston County, Mo.

17. INFORMANT (ADDRESS) Mrs. James F. Pitt, Joplin, Missouri

18. BURIAL, CREMATION, OR REMOVAL Mollen Cemetery DATE June 20, 1932

19. UNDERTAKER (ADDRESS) Langer Mortuary, Joplin, Missouri

20. FILED Jun 19 1932 W. L. Addie Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 10, 1932 to June 16, 1932
 I last saw him alive on June 16, 1932 Death is said to have occurred on the date stated above, at 12:50 P.M.

The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 23A

Other contributory causes of importance: 23

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Wilson Clark, M. D.
 (Signed) _____ (Address) 630 S. Argonne, Joplin, Mo.

