

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

Do not use this space.

20620

1. PLACE OF DEATH

94

County Shannon Registration District No. 274
 Township Blue Primary Registration District No. 6018B File No. 288
 City (No. St. Ward)

2. FULL NAME

James W. Pirtle
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF made Jane Pirtle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 4th 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
72 7 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming
 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) mo 1

FATHER 13. NAME Jeff Pirtle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 2

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 31

17. INFORMANT Shea Pirtle (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Cross roads DATE 6-8 19 32

19. UNDERTAKER Baldwell Bros (ADDRESS)

20. FILED June 20 19 31 W J Bryan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/6 1932

22. I HEREBY CERTIFY, That I attended deceased from 6/1 1932, to 6/6 1932
 I last saw him alive on 6/6 1932. Death is said to have occurred on the date stated above, at 2:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Pneumonia Lobar
of left chest
10/9/32
10/8
 Other contributory causes of importance:
Pyelitis
 Date of onset 6/1/32

Name of operation None Date of
 What test confirmed diagnosis? Physical Exam Was there an autopsy? no

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? no
 If so, specify
 (Signed) Paul L Jones, M. D.
 (Address) Edwards, Mo

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.

7170 27 1932

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

