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.

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

Do not use this space.
Mar
to Jan 27 1933
File No. 2 10 7 1 3
Registered No.

1. PLACE OF DEATH
County: Polk
Township: McKinley
City: (No. , St. Ward)
Registration District No.: 708
Primary Registration District No.: 5937

2. FULL NAME: Vera Treva 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: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): divorced
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 10, 1904
7. AGE: YEARS 28 MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Polk Co.

FATHER
13. NAME: Oliver Pitts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co.

MOTHER
15. MAIDEN NAME: Lenderman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Polk Co.

17. INFORMANT (ADDRESS): Gladys Overshiner
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: Jan 4, 1933
19. UNDERTAKER (ADDRESS): H. Tcheson - Blue
20. FILED, 19 Jesse Moore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 4 — 1933
22. I HEREBY CERTIFY, That I attended deceased from Aug, 1932, to Jan, 1933
I last saw her alive on Dec, 1932. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
23A	
H.B. Lung	1½ y

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? clinical 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) R.C. Nevins, M. D.
(Address) Hermansville Mo

Give to Dr Heinrich