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

Do not use this space.

9871

1. PLACE OF DEATH

County Jackson — Registration District No. 393 — File No. 1475

Township Kaw — Primary Registration District No. 3002 — Registered No.

City Kansas City (No. St. Mary's Hospital St. Ward)

2. FULL NAME Mr. Albert Pittenger

(a) Residence, No. 48th and Forest Johnson County 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Grace M. Pittenger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 20, 1874

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
58	7	7	

OCCUPATION

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

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

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) New York

FATHER

13. NAME Franklin Pittenger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Joan Phelps

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Mrs. Grace Ml Pittenger 48th and Forest K. C., K.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE Mar. 30 1933

19. UNDERTAKER (ADDRESS) Gates Funeral Home Kansas City, Kansas

20. FILED Mch 29, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-22, 1933, to 3/27, 1933

I last saw him alive on 3/27, 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/25-33
108	
108 13 12	
108	

Other contributory causes of importance:

Aortitis chronic	
Acute Phleocystitis	1 wk
	3 wks

Name of operation none Date of

What test confirmed diagnosis? — 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 O Cornwall, M. D.

(Address) 3046 Main. K.C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

31st + Main

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