

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

Do not use this space.

18879

1. PLACE OF DEATH

9 County Bollinger Registration District No. 67
Township Liberty Primary Registration District No. 5704
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 25-

2. FULL NAME

Mary Rebecca Pittman
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Pittman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15 - 1963
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 9 22
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at New Haven
10. Date deceased last worked at this occupation (month and year) June 1933 11. Total time (years) spent in this occupation 11 62 1/2

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

13. NAME Herman Manning

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

15. MAIDEN NAME Brona Millas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Elmer Pittman
Whitewater, Mo.

18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Baird Cmt. DATE 6-9 1933

19. UNDERTAKER (ADDRESS) L. P. Hamon
Cap. Sheridan, Mo.

20. FILED July 13 1933 G. A. Sanders
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1933

I HEREBY CERTIFY That I attended deceased from June 1 1933 to June 7 1933
I last saw her alive on June 7 1933 Death is said to have occurred on the date stated above, at 7:45 P.

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

Chronic Colitis and Chronic Gastritis Complicated with Cardiac Dilation and Edema of left lung. Date of onset 1865

Other contributory causes of importance: unknown.

Name of operation no operation Date of _____
What test confirmed diagnosis physical 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) J. M. Pinney, M. D.
(Address) Whitewater, Mo.

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.

AUG 26 1933

10 2:35

