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.

JAN 28 1934

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

Do not use this space.

41591

1. PLACE OF DEATH

County ..... Registration District No. 7911 File No. 10611

Township ..... Primary Registration District No. 1012 Registered No. 10611

City St Louis (No. 707 N. Leffingwell St. ..... Ward)

2. FULL NAME Wm H Pitts

(a) Residence, No. 707 N Leffingwell St. 21 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) WIFE OF: Mary Pitts

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 9 - 1871

7. AGE: YEARS 62 | MONTHS 2 | DAYS 27 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Arkansas

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Clyde A Pitts 707 N Leffingwell

18. BURIAL, CREMATION, OR REMOVAL
PLACE: GREEN Wood Cem. DATE: 12/11, 1933

19. UNDERTAKER (ADDRESS): A Russell Und. Co 2732 Pine St.

20. FILED: DEC 11 1933, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12 - 6 -, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12 - 2 -, 1933, to 12 - 6 -, 1933

I last saw him alive on 12 - 6 -, 1933. Death is said to have occurred on the date stated above, at 8 P. m.

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

	Date of onset
109 A	
Bronchial Pneumonia	

Other contributory causes of importance:

107 A

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

(Signed) Thomas H. Byas, M. D.

(Address) 2511 Wood St.