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.

9861

APR 25 1934

1. PLACE OF DEATH
County Nodaway — Registration District No. 617 — File No.
Township White Cloud — Primary Registration District No. 5818 — Registered No. 8
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Samuel Franklin Pittsenberger
(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 14 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie N. Pittsenberger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-11-1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	65	0	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Alexander Pittsenberger
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Martha Jane Giffin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Indiana

14. INFORMANT Fay Pittsenberger
(Address) Barnard Mo

15. FILED 3/28 1934 Chas. D Humbredtson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-22 1934

17. I HEREBY CERTIFY, That I attended deceased from 3/9 1934, 19..., to [illegible], 19[illegible] that I last saw him alive on 3/21, 1934, and that death occurred, on the date stated above, at 4 30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis

93D (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 93d

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
(0) DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) W. [illegible], M. D.
, 19 (Address) Bolckow Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Bolckow Cemetry	3-23 1934

20. UNDERTAKER Campbell Funeral Home — ADDRESS Maryville Mo.