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.

APR 2 1935

7938

1. PLACE OF DEATH
County Adair — Registration District No. 4 — File No.
Township — Primary Registration District No. 3001 — Registered No. 43
City Kirksville (No. , St. Ward)

2. FULL NAME Cora Annabell Pitts
(a) Residence, No. 811 S. Florence St., 4 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 F.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-13-1913
7. AGE YEARS 21 MONTHS 6 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. Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hermon Ready to Wear Store
10. Date deceased last worked at this occupation (month and year) 2-1934
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox City Missouri

FATHER
13. NAME William M. Pitts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox City Missouri

MOTHER
15. MAIDEN NAME Georgia Minor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Illinois

17. INFORMANT (ADDRESS) Mrs. William Pitts 811 S. Florence St Kirksville Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE 3-10- 1935
19. UNDERTAKER (ADDRESS) Dee Riley Kirksville Mo
20. FILED Mar. 8, 1935 Spencer Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7- 1935
22. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1934, to Mar 7, 1935
I last saw her alive on Mar 7, 1935. Death is said to have occurred on the date stated above, at 11 45/p m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Both Lungs — Date of onset
50
Metastatic from carcinoma of rt breast

Other contributory causes of importance:
Cancerous rt breast removed Mar 22, 1934 (Schirbus C.A.)

Name of operation ..... Date of .....
What test confirmed diagnosis? X ray 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) Earl Laughlin Jr, M. D.O.
(Address) Laughlin Hospital Kirksville Mo