

JUL 2 2 1935

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

Do not use this space.

19813

1. PLACE OF DEATH

County Jackson Registration District No. 1, 2, 6
Township Kaw Primary Registration District No. 61
City Kansas City (No. Research Hospital)

File No. _____
Registered No. 2206
St. _____ Ward _____

2. FULL NAME OSCAR H. PITKIN

(a) Residence, No. 3701 Walnut Street St. _____ 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 Male 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 Julia M. Pitkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 1 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manufacturer of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Salad Dressings
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 Orleans Louisiana

FATHER 13. NAME Samuel Pitkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information No information

MOTHER 15. MAIDEN NAME Sarah Knox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information Massachusetts

17. INFORMANT (ADDRESS) Mrs. O. H. Pitkin 3701 Walnut St.

18. BURIAL, CREMATION, OR REMOVAL cremation
PLACE Elmwood Crematory DATE June 15, 1935

19. UNDERTAKER (ADDRESS) Stine & McCleary 3235 Washburn Plaza

20. FILED 6-15 1935 M. M. Coyle Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1935

22. I HEREBY CERTIFY, That I attended deceased from 1-8-1935 to 6-14-1935

I last saw him alive on 6-14-35 Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchogenic Carcinoma
Angina Pectoris
Arteriosclerosis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis Culps Was there an autopsy? Yes

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 Small Stalk M. D.
(Signed) _____
(Address) 924 Prof. Bldg.

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.

WRITE CAREFULLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Donald Black
Prof. Building Uic 8481