

AUG 14 1935

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

Do not use this space.

22626

## 1. PLACE OF DEATH

County Franklin Registration District No. 288  
Township Independance Primary Registration District No. 4172  
City (No. St. Ward)

## 2. FULL NAME

unnamed baby Pitts  
(a) Residence, No. St. Ward. (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) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1935  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 4

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
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) Ind13. NAME Ohio Pitts14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind15. MAIDEN NAME Mollie Asa16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind17. INFORMANT Ohio Pitts  
(ADDRESS) Independance Mo R18. BURIAL, CREMATION, OR REMOVAL  
PLACE Griggory DATE July 18 193519. UNDERTAKER Colony  
(ADDRESS) Independance Mo20. FILED July 20 1935 Thulio Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17 193522. I HEREBY CERTIFY, That I attended deceased from unattended to by doctor

I last saw h. alive on \_\_\_\_\_, 19 \_\_\_\_ Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: Conmaternal birth Date of onset \_\_\_\_\_Other contributory causes of importance: MA

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? no

If so, specify \_\_\_\_\_

(Signed) J. R. Brown, M. D.(Address) Independance Mo

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.

