

SEP 18 1935

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

Do not use this space.

25832

1. PLACE OF DEATH

County

Township

City

Carroll
Carrollton
Carrollton (No. 1)

Registration District No.

Primary Registration District No.

135

30.10

File No.

Registered No.

85

St. Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M.

W.

Married

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

Allie Harford.

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

Jan 21, 1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

6

22

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired

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)

Carroll Co. Mo.

FATHER

13. NAME

Presley W. Pitts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jenn Mo.

MOTHER

15. MAIDEN NAME

Martha Ann Goodson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

17. INFORMANT (ADDRESS)

Mrs. Wm. O. Pitts
Carrollton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Hill Cem.

DATE

Aug 15 35

19. UNDERTAKER (ADDRESS)

Standley Bros.
Carrollton Mo.

20. FILED 8-13 1935

Ruth Askin
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Aug 12 1935

22. I HEREBY CERTIFY, That I attended deceased from 8-17 1935 to 8-17 1935

I last saw him alive on 8-12 1935. Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Angina pectoris

Date of onset

Other contributory causes of importance:

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) H. B. Deovem M. D.

(Address)

Carrollton 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.

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