

OCT 18 1935

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

Do not use this space.

28940

1. PLACE OF DEATH

County  
Township  
City

Cape Girardeau  
Welch  
Allenville

Registration District No. 130  
Primary Registration District No. 2175

File No.  
Registered No.  
St. Ward

2. FULL NAME

Claude Pittman

(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 *m*  
4. COLOR OR RACE *white*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 19 - 1897*  
7. AGE YEARS *38* MONTHS *6* DAYS *3* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*  
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) *Sept 20 - 1935*  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *Loflin*  
(STATE OR COUNTRY) *Mo*

13. NAME *Moses Pittman* ✓

14. BIRTHPLACE (CITY OR TOWN) *Loflin*  
(STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Clippard*

16. BIRTHPLACE (CITY OR TOWN) *Loflin*  
(STATE OR COUNTRY) *Mo*

17. INFORMANT *Mrs. Valtie Pittman* ✓  
(ADDRESS) *Allenville, Mo.*

18. BURIAL, CREMATION, OR REMOVAL  
PLACE *Loflin* DATE *Sept 23 1935*

19. UNDERTAKER *Cracroft & Miller*  
(ADDRESS) *Jackson Mo*

20. FILED *9-25 1935*  
*J.M. Slagle* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 22, 1935*

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....  
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:

Accidental Death.  
Automobile Accident.  
Deceased was in the car at time of accident. *217*

Other contributory causes of importance:

*None.*

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? *Accident* Date of injury *9-22-35*  
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) *J. A. Moore*, M.P.  
(Address) *Cape Girardeau Mo.*  
oroner

NOV 3 1949

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

COMMUNICATIONS SECTION  
NOV 3 1949

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