

JUN 27 1936

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

Do not use this space.

21841

1. PLACE OF DEATH

County Wright Registration District No. 906
Township Brown Primary Registration District No. 6224
City Hartsville RFD St. _____ Ward _____

File No. _____
Registered No. 26

2. FULL NAME

Samuel E. Pitchford
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Loebell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27 1853
7. AGE YEARS 82 MONTHS 8 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) 1910 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Barn County (STATE OR COUNTRY) Mo.

13. NAME James Pitchford

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

15. MAIDEN NAME Lucretia Ward

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

17. INFORMANT James Pitchford (ADDRESS) Hartsville

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Zion DATE May 31 1936

19. UNDERTAKER James Pitchford (ADDRESS) Hartsville

20. FILED June 4 1936 Calvin Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23 1936 to May 30 1936
I last saw him alive on May 30 1936 Death is said to have occurred on the date stated above, at 3:15 m.

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

Date of onset Feb 1935

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) J. R. Mott, M. D.
(Address) Hartsville 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.

