

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

AUG 21 1936 CERTIFICATE OF DEATH

Do not use this space.

27242

1. PLACE OF DEATH

County Linn

Registration District No. 496

Township Brookfield

Primary Registration District No. 3025

City Brookfield (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence No. 413 So. Broadway St. 4 Ward _____

Length of residence in city or town where death occurred 5 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 4

7. AGE YEARS 64 MONTHS 2 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Friday, July 10th 1936 11. Total time (years) spent in this occupation _____

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Walter Pittman Jr Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill, Brookfield Mo DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) Harvey J. Bowden Brookfield Mo

20. FILED 8/10/36 19 _____ Registrar. W. H. H. H.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from July 12, 1936 to July 13, 1936

I last saw him alive on July 12, 1936 Death is said to have occurred on the date stated above, at 4:30 P. M.

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

Heat exhaustion Date of onset 7/10/36

Other contributory causes of importance: _____

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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) James R. Halley, M. D.

(Address) 118 E. Bigelow Brookfield 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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