DEC 3 1936

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

Do not use this space.

38257

1. PLACE OF DEATH

County Lynn. Registration District No. 496 File No.

Township Primary Registration District No. 3025 Registered No. 79

City Brookfield (No. , St. Ward)

2. FULL NAME Chester Pittman

(a) Residence, No. 419 So Caldwell St., 2 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 46 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Fannie Pittman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3 1890

7. AGE YEARS 46 MONTHS 4 DAYS 2 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield Mo

FATHER

13. NAME Joseph Pittman Sr

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

MOTHER

15. MAIDEN NAME Eliza Herndon

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

17. INFORMANT (ADDRESS) x Joseph Pittman Sr Brookfield Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookfield Mo DATE Oct 7 1936

19. UNDERTAKER (ADDRESS) Homer Bowden Brookfield Mo

20. FILED 4/9/36 19 J N O Hubbard Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1936, to Oct. 3, 1936

I last saw him alive on Oct. 3, 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

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

	Date of onset
Carcinoma of Pharynx and Tonsil	1935

Other contributory causes of importance:

45

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) Roy R Haley, M. D.

(Address) Brookfield Mo.

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CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Linn — Registration District No. 496 — File No.

Township — Primary Registration District No. 3025 — Registered No. 29

City Brookfield (No. , St. Ward)

2. FULL NAME Chester Pittman

(a) Residence, No. St., Ward.
(Usual place of abode) (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	Negro	Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	4	2	

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)

FATHER

13. NAME

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 12/21/36 19 J. M. H. Lucas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1936

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:

Date of onset

Carcinoma of pharynx and tonsil

Primary Seat of Carcinoma tonsil

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) Roy R. Hadley, M. D.

(Address) Brookfield Mo

SUPPLEMENTARY

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