

APR 16 1937

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

Do not use this space.

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1. PLACE OF DEATH

County Carter
Township Kelley
City (No. St. Ward)

Registration District No. 1030
Primary Registration District No. 5206

File No. _____

Registered No. _____

2. FULL NAME

(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 7 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 24, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 20

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) Carter Co. Mo.

13. NAME _____

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

15. MAIDEN NAME Eva Pittman16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carter Co. Mo.17. INFORMANT (ADDRESS) Mrs. John Pittman
Clinton Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kelley Cem. DATE Mar. 14, 193719. UNDERTAKER (ADDRESS) None.20. FILED April 14, 1937 Wladys H. Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14, 193722. I HEREBY CERTIFY that I attended deceased from Feb. 25, 1937, to March 14, 1937I last saw her alive on 3-1-37, 1937. Death is saidto have occurred on the date stated above, at 4:20 p.m.

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

Broncho-Pneumonia Date of onset 3-7
No such complications as measles whooping cough etc.

Other contributory causes of importance

TransitionName of operation _____ Date of _____
What test confirmed diagnosis Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937Where 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 W. H. Burton M. D.(Signed) W. H. Burton
Van Buren, Mo. (Address)

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Kelly
City _____ (No. _____, _____ St. _____ Ward)

Registration District No. 1030
Primary Registration District No. 5206

File No. 11508
Registered No. _____

2. FULL NAME

Shirley Ann Pittman
(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>		
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, hr. or min.
		<u>1</u>	<u>20</u>	
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)				
MOTHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
	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 <u>6-2</u> 19 <u>37</u> <u>Glady H. Davis</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 14, 1937

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:
Broncho-Pneumonia
There were no other
measles whooping cough
etc.

Other contributory causes of importance:
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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) M. H. Buxton M. D.
(Address) Van Buren 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.

SUPPLEMENTAL

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