

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

Do not use this space.

3277

**1. PLACE OF DEATH**

55 County North Missouri Registration District No. 470  
 Town Lawrence Primary Registration District No. 5693  
 City North Union (No. Mo State St. Union Ward)

File No. \_\_\_\_\_

Registered No. 470

**2. FULL NAME**

Jessie Pittner 356  
 (a) Residence, No. Kirksville St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 3 mos. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charley Pittner  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-26-1888  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
49 8 17  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) 12-3-37 11. Total time (years) spent in this occupation \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-38, 19\_\_\_\_  
 22. I HEREBY CERTIFY, That I attended deceased from 10-24-37, 19\_\_\_\_, to 1-22-38, 19\_\_\_\_  
 I last saw him alive on 1-22-38, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12 White  
 The principal cause of death and related causes of importance were as follows:  
Pneumonia Incurable  
 Date of onset 2/37  
 Other contributory causes of importance: \_\_\_\_\_

MOTHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0  
 FATHER 13. NAME Geo. Wm Casady 0  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1  
 MOTHER 15. MAIDEN NAME May  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana  
 17. INFORMANT Local Dept.  
 (ADDRESS) Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence Mo DATE 1/23/38  
 19. UNDERTAKER Dee Rely, Ltd Co  
 (ADDRESS) Kirksville Mo  
 20. FILED Jan 22, 1938 P. A. Holmes  
 Registrar

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) Chas. J. Phillips M. D.  
 (Address) North Union

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.

THIS IS A PERMANENT RECORD

RECEIVED

FEB. 25 1938

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