

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

3774
 Do not use this space.

1. PLACE OF DEATH *Dike*
 (a) County *Duple* Registration District No. *689*
 (b) Township *Duple* Primary Registration District No. *3033*
 (c) City *Louisiana* (d) Street No. *700 George* Registered No. _____
 (e) Length of residence in city or town where death occurred _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. _____

2. PRINT FULL NAME *Mrs Emma J Pitzer* 32.6
 (a) Residence, No. *700 George* St. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Hannibal Pitzer*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8/17-580*
 7. AGE YEARS *79* MONTHS *4* DAYS *20* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Housekeeper*
 9. Industry or business in which work was done, as 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) *Michigan*
 FATHER 13. NAME *Lucas Perry Gardner*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *(?)*
 MOTHER 15. MAIDEN NAME *Carrie Orr*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Peke Co Mo*
 17. INFORMANT (ADDRESS) *Miss Angie Pitzer Louisiana Mo*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Clarksville Mo* DATE *1/9 38*
 19. FUNERAL DIRECTOR (ADDRESS) *B. J. Kelly Louisiana Mo*
 20. FILED *1-8 1938 Kelly* Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 7 38*
 22. I HEREBY CERTIFY, that I attended deceased from *Jan 4, 1938* to *Jan 7, 1938*
 I last saw her alive on *Jan 7, 1938*. Death is said to have occurred on the date stated above, at *3:50 A. m.*
 The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis 1/7/38
 Other contributory causes of importance: *4/12*
Unifed Infectious Colitis
Arterio Sclerosis
 Name of operation *Serulib* Date of _____
 What test confirmed diagnosis? *Unifed* 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 *B. L. Audrae Mo*
 (Signed) _____, M. D.
 (Address) *Louisiana 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.

1-12-38

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE DEPARTMENT OF HEALTH

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)