

REC'D SEP 9 1938

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

29789  
Do not use this space.

1. PLACE OF DEATH

(a) County Polk Registration District No. 704  
(b) Township West Looney Primary Registration District No. 5933 Registered No. \_\_\_\_\_  
(c) City Willard (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Allen Pitman 355

(a) Residence, No. \_\_\_\_\_ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 20, 1928</u>		
7. AGE YEARS <u>10</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>		
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) <u>Willard</u> (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Lonnie Edward Pitman</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Morrisville</u> (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Linnie Sarah Gates</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Cass Co.</u> (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>L. E. Pitman</u> (ADDRESS) <u>Willard, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hickory Grove</u> DATE <u>Aug. 24</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR <u>White-Erwin-Gould</u> (ADDRESS) <u>Morrisville, Missouri</u>		
20. FILED _____ 19 _____ Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23 1938

22. I HEREBY CERTIFY, That I attended deceased from Saw this case real no 8-23 1938  
I last saw him alive on Aug. 22, 1938 Death is said to have occurred on the date stated above, at 10:58.

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

Bronchial Pneumonia  
1970  
Other contributory causes of importance:  
None known.

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. J. G. G. G. M. D.  
(Address) Morrisville, Mo.

USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHILIP S. SHOWN STATE

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**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.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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Do not use this space.

1. PLACE OF DEATH  
(a) County Polk Registration District No. 704  
(b) Township West Looney Primary Registration District No. 3933 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME William Allen Pittman  
(a) Residence, No. \_\_\_\_\_ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20 1928
- |        |           |          |          |                                  |
|--------|-----------|----------|----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS     | IF LESS than 1 day, hrs. or min. |
|        | <u>10</u> | <u>5</u> | <u>3</u> |                                  |
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
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) Willard Missouri
- FATHER
13. NAME Lennie Edward Pittman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Morrisville Mo
- MOTHER
15. MAIDEN NAME Lennie Sarah Gates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crane Mo
17. INFORMANT (ADDRESS) L. E. Pittman  
Willard Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Willard DATE Aug 24 1938
19. FUNERAL DIRECTOR (ADDRESS) White Evans Gould  
Morrisville Mo
20. FILED 8/23 1938 W. J. Harrell  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Santhis case only on 8 23 1938  
I last saw him alive on July 23 1938. Death is said to have occurred on the date stated above, at 10-15 A in \_\_\_\_\_  
The principal cause of death and related causes of importance were as follows:  
Bacterial Pneumonia Date of onset \_\_\_\_\_  
Other contributory cause of importance: None known
- Name of operation \_\_\_\_\_ 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) W. J. Harrell, M. D.  
(Address) Morrisville Mo

FEE FOR CERTIFICATE SHALL NOT RECEIVE A FEE FOR CERTIFICATE UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-29789