

DEC 0 MAR 15 1939

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

6049

Do not use this space.

1. PLACE OF DEATH

(a) County Adair Registration District No. 94
(b) Township _____ Primary Registration District No. 4055 Registered No. _____
(c) City Breckenridge (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 37 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

35 Mrs. Martha Ann Pittman
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Keeper
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) Louis Co., Mo.13. NAME Wm Banguard14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Dont know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT (ADDRESS) Martin Pittman
Breckenridge Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE Feb. 26, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) T. M. Burk & Son
Breckenridge Mo20. FILED Feb. 26, 1939 A. R. Mosey, Reg.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 24, 193922. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1938, to Feb 23, 1939I last saw her alive on Feb 10, 1939. Death is said to have occurred on the date stated above, at 11:45 P.M.

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

Valvular Heart Disease

Other contributory causes of importance:

Generalized atherosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Physician 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 _____, 1939

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) Hugh R. Boock, M. D.(Address) Franklin Mo

RECEIVED

District Health Officer No. 11,

District File Number 39-67

Date Filed MAR 9 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed F. McBeck

Licensed Embalmer No. 1570

P. O. Address Buckneridge 4700

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.)

If this body is not embalmed, above space should be left blank.

