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.

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

Do not use this space.

REC'D MAR 16 1939

1. PLACE OF DEATH

County: Cole — Registration District No.: 214 — File No.: 6310

Township: Tyrone — Primary Registration District No.: 5294 — Registered No.: ~~10~~ 3

City: ~~Russellville~~ (No. ..... St. ..... Ward)

2. FULL NAME: Edna Pittrick

(a) Residence, No. (Usual place of abode): Russellville St., Mo. Ward. (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: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-19-1920

7. AGE: YEARS 18 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Book-Keeper

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): Russellville Mo.

FATHER

13. NAME: Frank Pittrick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russellville Missouri

MOTHER

15. MAIDEN NAME: Anna Gemeinhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russellville Missouri

17. INFORMANT (ADDRESS): Mrs Anna Pittrick Russellville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Russellville DATE: 2-24, 1939

19. UNDERTAKER (ADDRESS): Hugo Hagel Schubert Russellville Mo.

20. FILED: 2-23, 1939 Mrs. Mabel Barbour, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1939, to Feb 21, 1939

I last saw her alive on Feb 21, 1939. Death is said to have occurred on the date stated above, at 8:55 a.m.

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

Influenza — Date of onset: 2/16/39

Other contributory causes of importance: 11 Pa.

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) Robt. E. Murrell Do. M. D.

(Address) Russellville Mo.

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