

REC'D MAR 15 1939

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

6351

Do not use this space.

1. PLACE OF DEATH

(a) County Wallas Registration District No. 241
(b) Township Benton Primary Registration District No. 5-334 Registered No. 1217
(c) City Buffalo (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

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
Julia M. Pittman
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86 10 12

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) Buffalo Mo.13. NAME Wm. H. Morrow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Sarah Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) B. A. Darcy
Buffalo Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 1-2019. FUNERAL DIRECTOR (NAME) (ADDRESS) H. B. Jones
Buffalo Mo.20. FILED 2/10 1939 Harvey Morrow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18 1939

22. I HEREBY CERTIFY, That I attended deceased from 12-25 1929, to 1-18 1939
I last saw him alive on 1-10 1939 Death is said to have occurred on the date stated above, at 4:45 P. m.
The principal cause of death and related causes of importance were as follows:

Arterial Sclerosis Date of onset

Other contributory causes of importance:

old age

Name of operation _____ Date of _____

What test confirmed diagnosis? death Was there an autopsy? _____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) V. H. Herimond M.D.(Address) Buffalo Mo

RECEIVED

District Health Officer No. 71

District File Number 7-39-346

Date Filed 3-7-39

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.