

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

Do not use this space.

OCT 20 1939

1. PLACE OF DEATH

County Linn Registration District No. 503
 Township Locust Creek Primary Registration District No. 5666
 City County Infirmary St. _____ Ward _____

File No. 32883
 Registered No. _____

2. FULL NAME 355 William A. Pittman

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17, 1855</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>11</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Retired Farmer

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) XXXXXXXXXX Ohio /

13. NAME Isaac Pittman /

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXX Ohio /

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) XXXXXXXXXXXXXXXXXX Ohio

17. INFORMANT Elmer Pittman
 (ADDRESS) Greensburg, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F. Cem DATE 9/16/1939

19. UNDERTAKER Thorne Undertaking Co.
 (ADDRESS) Linneus, Missouri

20. FILED 10-7 1939 Mrs. Maud J. Welch
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 6 1939, to Sept 11 1939
 I last saw h. alive on Sept 11, 1939 Death is said to have occurred on the date stated above, at 9 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset 8/6/39

Fracture of Femur (Right)

Dislocation of Hip

Chronic Intestinal Obstruction

8/9/39

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? exam. Pathol. Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept. 11, 1939
 Where did injury occur? In Infirmary, Hannibal, Mo.
 (S. city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Fall twisting hip

Nature of injury Fracture of femur, Dislocation of hip

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Ray P. Haley, M. D.
 (Address) Blackford, 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.

1930

District No. 1039-1314

File Number

1039-1314

Date Filed

OCT 16 1930