

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

36051
Do not use this space.

1. PLACE OF DEATH **GREENE** Registration District No. **318**
 (a) County **GREENE** Primary Registration District No. **8001**
 (b) Township **SPRINGFIELD** Registered No. **735**
 (c) City **SPRINGFIELD** (d) Street No. **Springfield Baptist Hospital 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 **Sidney DAVED. Pitt**
 (a) Residence, No. **Greene Willard Mo. R#2** St. **Willard Mo. R#2**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 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 **single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 3 1939**
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on **Oct 3 1939** Death is said to have occurred on the date stated above, at **2:40 AM**
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sep 3-1913**

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

7. AGE YEARS **26** MONTHS **1** DAYS **0** If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Radio man**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Radio Shop**
 10. Date deceased last worked at this occupation (month and year) **Sep 26-1939** 11. Total time (years) spent in this occupation _____

Fractured skull (Compressed)
Fractured Rt clavicle with puncture
Rt lung
Compound fracture left fibula
Fracture of mandible fibula
 Other contributory causes of importance:
gill

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

13. NAME **Marvin Pitt**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Mary S M^{rs} Craskey**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Mary S Pitt Willard Mo R#2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Burial** DATE **Oct 4 1939**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **J. W. Klingner 424 E. 12th St. Springfield Mo**

20. FILED **Oct 3 1939** **Chas. A. Crockett** Local Registrar

Name of operation **excision of skull** Date of **9/26/39**
 What test confirmed diagnosis? _____ Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **accident** Date of injury **9/26 1939**
 Where did injury occur? **Springfield Mo**
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. **Public thoroughfare**

Manner of injury **Struck by car while walking**
 Nature of injury **Struck down while walking from Car.**

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify _____
 (Signed) **R. Ted White** M. D.
 (Address) **Courier Greene County Springfield Mo**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D NOV 14 1939

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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.....

Ogden Slane Jr., Registered Apprentice No. *232*
working under my personal supervision.

Signed *Ray A. Quinn*

Licensed Embalmer No. *1763*

P. O. Address *Springfield*

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.

X