MARGIN RESERVED FOR BINDING

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.

NOV 24 1939

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

36741
Do not use this space.

1. PLACE OF DEATH
(a) County New Madrid County Registration District No. 605
(b) Township Como Primary Registration District No. 4359 Registered No.
(c) City (d) Street No. 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 320 Lennie Barnes Pitts
(a) Residence, No. Como Township, New Madrid Co. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Leroy Pitts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18, 1901
7. AGE YEARS 38 MONTHS 8 DAYS 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Wife
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) Missippi Co Arkansas

FATHER
13. NAME Samuel Boyd Barnes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley, Tenn

MOTHER
15. MAIDEN NAME Mary Woodard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley, Tenn

17. INFORMANT (ADDRESS) Leroy Pitts Parma, mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Parma, Cem. DATE 10/9 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Funeral Home Parma, Mo.
20. FILED 10/9 1939 Dr. Geo W Husted Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1939, to Oct 8, 1939
I last saw her alive on Oct 8, 1939. Death is said to have occurred on the date stated above, at 11 9 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma uterus	

48

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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) Geo W Husted M. D.
(Address) Parma

Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 1139-233
Date Filed 11-10

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, Walter M. Day, or by ....,

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

Signed Walter M. Day

Licensed Embalmer No. 4060

P. O. Address New Madrid, Mo.

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.