

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

36793
Do not use this space.

1. PLACE OF DEATH

(a) County Oregon Registration District No. 632
 (b) Township Thayer Primary Registration District No. X382
 (c) City Thayer (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 321 Della Jane Pitchford

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Elbert Pitchford
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 20, 1882
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 11 24

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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Oregon County
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Sam B. Pierce
 14. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Marthena Cox
 16. BIRTHPLACE (CITY OR TOWN) Tennessee
 (STATE OR COUNTRY)

17. INFORMANT Elbert Pitchford
 (ADDRESS) Thayer, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Thayer Cem. DATE 10/15/39 19.

19. FUNERAL DIRECTOR (NAME) Leo Carr
 (ADDRESS) Thayer, Mo.

20. FILED Oct. 15 1939 George Johnson
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1st 1934 to Oct 14th 1939.
 I last saw her alive on Oct 14th 1939 Death is said to have occurred on the date stated above, at 4:45 A. M.
 The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
Hypertensive Heart Disease
 Date of onset May 1934
 Other contributory causes of importance:
Pyelitis gall

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) D. Cooper / _____, M. D.
 (Address) Thayer, 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.

1 X18605

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.

RECEIVED

District Health Officer No. 5,

Signed.....

District File Number 1139400

Licensed Embalmer No.....

Date Filed 11939

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.