

DEC 13 1939

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

39127  
Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89  
 (b) Township Poplar Bluff Primary Registration District No. 3007  
 (c) City Poplar Bluff (d) Street No. Poplar Bluff Hospital Registered No. 262  
 (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

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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 Helen Pitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
33 4

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. Farmer  
 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) Piggott - Ark.

FATHER 13. NAME G. H. Pitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott - Ark.

MOTHER 15. MAIDEN NAME Elless Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piggott - Ark.

17. INFORMANT (ADDRESS) Mrs. Sally Caldwell sister

18. BURIAL, CREMATION, OR REMOVAL PLACES 5007 Piggott DATE 11-2 1939

19. FUNERAL DIRECTOR (ADDRESS) W. H. Erby Piggott Ark.

20. FILED 11/2 1939 Obeltinger Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-1 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1939, to 11-1, 1939.

I last saw him alive on 11-1, 1939. Death is said to have occurred on the date stated above, at 3:10 p.m.

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

Cancer from abscess liver  
46

Other contributory causes of importance:  
General debility

Name of operation decompression of abscess Date of 10-27-39

What test confirmed diagnosis? Culture of abscess Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Pushed hair Date of injury 10-24, 1939.

Where did injury occur? in home (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Pushed hair from inside mouth  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) W. H. Erby, M. D.

(Address) Poplar Bluff, Ark.

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.

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**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**