

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Registration District No. 664

Primary Registration District No. 4397

Registrar's No. 20

1. PLACE OF DEATH:
 (a) County Pettis
 (b) City or town Green Ridge
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
South west part of town
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State 1 (b) County _____
 (c) City or town _____
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME FRANCIS MARION PITTMAN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 1
 year 1939 hour 10 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Amelia Pittman 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased Mar 17 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 17, 1939, to Nov 1, 1939
 that I last saw ~~him~~ alive on Nov 1, 1939
 and that death occurred on the date and hour stated above.

8. AGE: Years 76 Months 7 Days 14 If less than one day hr. _____ min. _____

Immediate cause of death Diabetes mellitus Duration 2 yrs

9. Birthplace Monroe County Ohio
(City, town, or county) (State or foreign country)

Due to _____
 Due to 59

10. Usual occupation Retired Farmer

Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
 12. Name David Pittman
 13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
 14. Maiden name Blanch Jane Cox
 15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature George R. Shelley
 (b) Address Green Ridge Mo
 17. (a) Burial (b) Date thereof Nov 4 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rock Cemetery Bradenton Mo
 18. (a) Signature of funeral director George R. Shelley
 (b) Address Green Ridge Mo
 19. (a) Nov 3rd (b) G. R. Shelley
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature H. A. Hite (M. D. or other) _____
 Address Green Ridge Mo Date signed 11/2/39

