

SEP 24 1940
Registration District No. 774

Primary Registration District No. 6018B

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Leadington, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days 1 3/4

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County St. Francois
(c) City or town Leadington
(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 Tremark Ralph Pittle

3. (b) If veteran, name war No. 3. (c) Social Security No. _____

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Pittle 6. (c) Age of husband or wife if alive 16 years

7. Birth date of deceased July 16 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 1 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Madison Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Mining

11. Industry or business Lead Mining

12. Name William L. Pittle

13. Birthplace St. Francois Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Hester H. Mason

15. Birthplace Madison Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Wm L Pittle

(b) Address Leadington

17. (a) Burial (b) Date thereof 8/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlam Cemetery

18. (a) Signature of funeral director Caldwell Bros

(b) Address Flat River, Mo.

19. (a) 9/5/40 (b) C B Barrar
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24
year 1940 hour 6 minute 15 P. M.

21. I hereby certify that the death was sudden
and that death occurred on the date and hour stated above.
that I last saw h alive on _____, 19____, to _____, 19____;

Immediate cause of death Jury Verdict killed
By striking a moving truck
on Highway 61 Driven by
Morris Deham

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 24, 1940

(c) Where did injury occur? At Francon
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At Highway
(Specify type of place) (e) Means of injury

23. Signature Joe Diemer Coroner
(M. D. or other)

Address Flat River Date signed 8-26-40

PHYSICIAN
Underline the cause to which death should be charged statistically.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should give CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WHILE FILLING IN—USE UNFADING BLACK INK—WRITE IN UPPERCASE LETTERS.

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29543**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **774**

Primary Registration District No. **6018B**

Registrar's No. _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOORE

1. PLACE OF DEATH:

(a) County **San Francisco**

(b) City or town **San Francisco**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (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 **Freeman Ralph Pyrtle**

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month **Aug** day **24** year **1940** hour _____ minute _____ M.

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **m**

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____; that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.

7. Birth date of deceased: (Month) _____ (Day) _____ (Year) _____

8. AGE: Years **24** Months **1** Days **8** If less than one day _____ hr. _____ min.

21. Immediate cause of death **July verdict killed by striking a moving truck**

Due to **Collision with other motor vehicle.**

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

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

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER { 12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____ (City, town, or county) _____ (State or foreign country)

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**

(b) Date of occurrence **Aug 24 1940**

(c) Where did injury occur? **San Francisco** (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **highway** (Specify type of place)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

While at work? _____ (e) Means of injury _____

23. Signature **Jos Diener** (M.D. or other) **Coroner**

Address **Flat River Mo** Date signed **10-24-40**

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

SUPPLEMENTAL

PHYSICIAN
Underline the cause to which death should be charged statistically.

