

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

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

R
State File No. 35600
Registrar's No. 60

Registration District No. 607

Primary Registration District No. 5856

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Portageville
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 weeks
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Portageville
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PERVIS PITTS

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

4. Sex Male 5. Color or race Black 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 19 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months 7 Days 15 If less than one day _____ hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY PITTS
13. Birthplace Donk 9 Mo
(City, town, or county) (State or foreign country)
14. Maiden name Beatrice Berryhill
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Berryhill
(b) Address Portageville Mo #1

17. (a) Burial (b) Date thereof 10-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Therence

(b) Address _____

19. (a) Oct 23 1941 (b) Mary W. Cook
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day Oct., 1941
year 1941 hour _____ minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct. 1, 1941, to Oct. 2, 1941;
that I last saw him alive on Oct. 2, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

MARASMIUS

Due to Faulty feeding

Due to _____

Other conditions. 11/90
(Include pregnancy within 3 months of death)

Major findings: Starvation

Of operations _____
Of autopsy No

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature M. D. Berryhill (M. D. or other) 10/11/41
Address Portageville Mo Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 1141-1522

Date Filed 11/10/41

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.

Not Embalmed

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.