

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

Do not use this space.

25367

1. PLACE OF DEATH

County Madaway  
Township Green  
City (No. .... St. .... Ward)

Registration District No. 628  
Primary Registration District No. 5830

File No. ....  
Registered No. 115

2. FULL NAME William Pitts

(a) Residence. No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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

Olive Pitts

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

Sep 15 - 1868

7. AGE

YEARS

MONTHS

DAY

If LESS than 1 day, .... hrs. or .... min.

61 9 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

10. NAME OF FATHER

Frank Pitts

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

12. MAIDEN NAME OF MOTHER

Mary Weaver

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Indiana

14. INFORMANT

(Address)

Samuel Pitts  
Burlington Ind

15. FILED

7/13 1929

James M.D.  
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

July 11 1929

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1929 July 9, 1929 that I last saw him live on July 9, 1929 and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic nephritis

1290

121  
1948  
(duration) 5 yrs. 5 mos. 0 ds.

CONTRIBUTORY (SECONDARY)

exposure  
(duration) 0 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) E. E. Essing, M. D.

(Address) Burlington Ind Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Quitman Mo 7-13 1929

20. UNDERTAKER

ADDRESS

Price Fun Co Marysville Mo

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.

