

DEC 0 MAR 22 1938

## MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7707

Do not use this space.

## 1. PLACE OF DEATH

(a) County Concord Registration District No. 653  
 (b) Township Concord Primary Registration District No. 5865 Registered No. 21  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 425 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Donald Eugene Pittor

(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
 (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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-19-38

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
9

OCCUPATION 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. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Concord mo  
(STATE OR COUNTRY)13. NAME H. A. Pittor14. BIRTHPLACE (CITY OR TOWN) Harvey, Mo  
(STATE OR COUNTRY)15. MAIDEN NAME Ocie Brewer16. BIRTHPLACE (CITY OR TOWN) Ark  
(STATE OR COUNTRY)17. INFORMANT H. A. Pittor  
(ADDRESS) Postaville mo18. BURIAL, CREMATION, OR REMOVAL PLACE Dry Ridge DATE 2/28/3819. FUNERAL DIRECTOR H. V. Smith  
(ADDRESS) Concord mo20. FILED 2-28, 1938 J. R. Rhodes  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27-3822. I HEREBY CERTIFY, That I attended deceased from Feb. 27, 1938 to Feb. 27, 1938

I last saw him alive on Feb. 27, 1938. Death is said to have occurred on the date stated above, at 8:24 m.  
 The principal cause of death and related causes of importance were as follows:

deterius neonatorum

Date of onset

Other contributory causes of importance:

pernativity  
secondary anemia.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? S.T.S Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) A. N. Shively, M. D.586 (Address) Hayti, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

**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.)**