

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

1939 JUL 18 1939

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

Do not use this space.

1. PLACE OF DEATH *Pike* 2  
 82 County *Buffalo* 1 Registration District No. *689*  
 Township *Buffalo* Primary Registration District No. *5917*  
 City *near vera mo* (No. *near vera mo*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *James R Pitzer*  
 (a) Residence, No. *near vera mo* Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

File No. *22981*  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widower*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Gillie e Goslin*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct 25-1857*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>84</i>	<i>7</i>	<i>22</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *R.R. Section*

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/17/39*

22. I HEREBY CERTIFY, That I attended deceased from *5-18*, 19*39*, to *6-15*, 19*39*

I last saw him alive on *6-15*, 19*39* Death is said to have occurred on the date stated above, at *8:30 p m*

The principal cause of death and related causes of importance were as follows:  
*Chor. myocarditis*  
*Chor. nephritis*  
*Arteriosclerosis*

Date of onset *12/1*

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Louisiana Mo*

13. NAME *Mathew Pitzer*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Louisiana Mo*

15. MAIDEN NAME *Susan J. Pitzer*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Near Louisiana Mo*

17. INFORMANT *Ira Pitzer* (ADDRESS) *vera mo*

18. BURIAL, CREMATION, OR REMOVAL *Catholic Cem La. Mo.* DATE *June 19 39*

19. UNDERTAKER *W. B. Etnose* (ADDRESS) *Bowling Green Mo*

20. FILED *6119* 19*39* *J. P. Deery Jr* Registrar.

Name of operation *none* Date of \_\_\_\_\_

What test confirmed diagnosis? *Chor.* 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 directly in any way related to occupation of deceased? *no*  
 If so, specify \_\_\_\_\_  
 (Signed) *[Signature]* M. D.  
 (Address) *[Address]*

RECEIVED

District Health Officer No. 10

District File Number 7-39-1228

Date Filed

JUL 13 1939