REC'D SEP 12 1939

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

28600
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 830
(c) City St. Joseph, (d) Street No. 2622 Pacific St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 320 H. Spencer Pitts,
(a) Residence, No. 2622 Pacific St.
(Usual place of abode, if no street address, write county or city) (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): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret A. Pitts,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): December 24, 1862
7. AGE: Years 76, Months 7, Days 15, If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Dentist,
9. Industry or business in which work was done, as saw mill, bank, etc.: Dentistry,
10. Date deceased last worked at this occupation (month and year): August 1936.
11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Accomac County, Virginia,

FATHER
13. NAME: Edward Pitts,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

MOTHER
15. MAIDEN NAME: Margaret Custis,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Beverly Pitts 2204 Lovers Lane,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora Cem DATE Aug. 11th, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Heaton-Belsley & Barnes 319 So. 10th Str. Funeral Service
20. FILED 8/10, 1939 A. J. Hettlebush Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from July 23, 1939, to Aug 9, 1939
I last saw him alive on Aug 9, 1939. Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	about 7-23-39
92	

Other contributory causes of importance:
Chronic Endocarditis Unknown
General Arterio-sclerosis "

Name of operation None Date of ✓
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) [signature], M. D.
(Address) St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shoul 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Aug 9, 19

; or by

Registered Apprentice No., working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. 10th St. Jersey

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

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County Buchanan Registration District No. 85
(b) Township Primary Registration District No. 1001 Registered No. 830
(c) City St Joseph (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Hezekiah Spencer Pitts
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
m	W	Wid

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	76	7	15	

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) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 10, 1939 H J Nestlebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9, 1939

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw h... alive on ..., 19... Death is said to have occurred on the date stated above, at ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? ... Was there an autopsy? ...

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) John I Byrne, M. D.
(Address) St Joseph Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

NOTE: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.