MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2. 50M-7-20-37 I X12004

REC'D OCT 20 1939

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

32499
Do not use this space.

1. PLACE OF DEATH
(a) County Hickory — Registration District No. 360
(b) Township Center — Primary Registration District No. 5505 — Registered No. 3
(c) City Hermitage — (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 320 Victoria 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 Fm
4. COLOR OR RACE Whb.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Pitts
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1, 1858
7. AGE YEARS 80 MONTHS 9 DAYS 8 — If LESS than 1 day, ... hrs. or ..... min.

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) Mo. 0

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

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

17. INFORMANT (ADDRESS) Harry Pitts Hermitage Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Hermitage DATE 9/10 1939
19. FUNERAL DIRECTOR (ADDRESS) J R Lucker Wheatland Mo
20. FILED Sept 21, 1939 Anice McKinley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9, 1939
22. I HEREBY CERTIFY, That I attended deceased from ✓, 1935, to Sept 9, 1939
I last saw her alive on Sept 7, 1939 Death is said to have occurred on the date stated above, at 2:00 a m.
The principal cause of death and related causes of importance were as follows:

Multiple Sclerosis of 4 or 5 years duration

Date of onset

Other contributory causes of importance: None

Name of operation None Date of ✓
What test confirmed diagnosis? Physical 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? No
If so, specify .....
(Signed) A. S. Johnston, M. D.
(Address) Wheatland Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 7-39-1426
Date Filed 10-10-39

STATEMENT BY LICENSED EMBALMER

I, J R Luckey, Licensed Embalmer No. 298 v

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 J R Luckey

Licensed Embalmer No. 298 v

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.)