

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.

JUL 25 1936

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

Do not use this space.

23969

1. PLACE OF DEATH

County Ray Registration District No. 744
Township North Primary Registration District No. 5976 B.
City Henrietta (No. _____) St. _____ Ward _____

File No. _____
Registered No. 69

2. FULL NAME

Margaret Frances Pettus
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-19, 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
16 8 —

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Duty
9. Industry or business in which work was done, as silk mill, 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) Henrietta Mo

FATHER
13. NAME Lee Pettus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Corinth Mo

MOTHER
15. MAIDEN NAME Augusta Delamater

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ashtamick Mo

17. INFORMANT (ADDRESS) Lee Pettus Henrietta Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pettus Cemetery June 21, 1936

19. UNDERTAKER (ADDRESS) Chickman Co.

20. FILED 6-29, 1936 E. E. Day Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1936

I HEREBY CERTIFY, That I attended deceased from 7:47 to 8:12 on June 19, 1936

I last saw him alive on June 19, 1936. Death is said

to have occurred on the date stated above, at 8:12 a.m.

The principal cause of death and related causes of importance were as follows:

Epileptic Convulsions
Causing Bronchial
Pneumonia

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. E. Smith, M. D.

(Address) Henrietta, Mo.

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