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

SEP 18 1934

Do not use this space.

1. PLACE OF DEATH

County *Ray*

Township *Richmond*

City *Richmond*

Registration District No. *744*

Primary Registration District No. *3035*

File No. *26090*

Registered No. *105*

2. FULL NAME *Sarah Francis Pettus*

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)

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 *Female*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Don't Know*

7. AGE YEARS *about 86* MONTHS _____ DAYS _____ IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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

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) *Ray County Missouri*

FATHER

13. NAME *Thomas B. Fowler*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

MOTHER

15. MAIDEN NAME *Emily Thompson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tennessee*

17. INFORMANT (ADDRESS) *Mrs. G. Eugene Hamilton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *July 15, 1934*

19. UNDERTAKER (ADDRESS) *Aull Manning Richmond Missouri*

20. FILED *9-10*, 19*34* *E. E. Day* Registrar.

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4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 15, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *July 9, 1934* to *July 15, 1934*

I last saw her alive on *July 14, 1934*. Death is said to have occurred on the date stated above, at *9* p. m.

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

Acute gastro enteritis

Date of onset

Other contributory causes of importance:

Apleumonia Senilis Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? *No* 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) *H. W. Griffith*, M. D.
(Address) *Richmond, MO*