

SEP 26 1930

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

Do not use this space.
27663

1. PLACE OF DEATH

County Ray Registration District No. 739
Township English Condem Primary Registration District No. 4-15-17
City (No. 5974) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Walter Hamilton Pettus

(a) Residence No. On Farm 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. (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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 5-18-1835

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
95 2 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Joseph Pettus

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary A Hamilton

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)

14. INFORMANT Blanche Pettus
(Address) Richmond Mo

15. FILE Sept 6, 1930 N. W. Burgess
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/13/1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1930, to Aug 13, 1930 that I last saw him alive on Aug 11, 1930, and that death occurred, on the date stated above, at 11:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage

82A
162 (duration) _____ yrs. _____ mos. 10 ds.

CONTRIBUTORY (SECONDARY) General Decline
(duration) 2 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. E. Ellis, M. D.

July 14, 1930 (Address) Orwick Mo
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL On Farm Cem DATE OF BURIAL Aug 14 1930

20. UNDERTAKER W. Libron ADDRESS Amich

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. If uncertain, approximate age may be given. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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