

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

PLACE OF DEATH

County Dade
Township Belk
or
Village
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 296 File No. 37411
Primary Registration District No. 5322 Registered No. 18

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Pettie Thomas

PERSONAL AND STATISTICAL PARTICULARS:

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)

DATE OF DEATH Oct 4, 1911
(Month) (Day) (Year)

DATE OF BIRTH Oct 3, 1845
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Jan 1, 1910, to Oct 4, 1911, that I last saw her alive on Oct 2, 1911, and that death occurred, on the date stated above, at 12 a.m.

AGE 66 yrs. _____ mos. _____ ds. if LESS than 1 day, _____ hrs. or _____ min.?

The CAUSE OF DEATH* was as follows:
Ends Carditis

OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) Home work

(Duration) 1 yrs. 9 mos. _____ ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) B B Kitch M. D.
Oct 4, 1911 (Address) Dadeville Mo

BIRTHPLACE (City or town, State or foreign country) Texas

PARENTS NAME OF FATHER Henry Thomas
BIRTHPLACE OF FATHER (City or town, State or foreign country) La. Kansas
MAIDEN NAME OF MOTHER Unknown
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death? _____
Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A D Thomas
(ADDRESS) Dadeville Mo

PLACE OF BURIAL OR REMOVAL Rice Cemetery DATE OF BURIAL Oct 5, 1911
UNDERTAKER H. F. Nixon & Son ADDRESS Dadeville Mo.

Filed Nov 12 1911 Marion Miller REGISTRAR

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.

