

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

Do not use this space

8240

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City Madison (No. 2005)

Registration District No. 398  
Primary Registration District No. 1002

File No. 1425  
Registered No. 1425  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Infant - Linn Pettis  
(a) Residence No. 2005 Madison 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-28-1925

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

17. I HEREBY CERTIFY, That I observed deceased from March 27, 1925 to March 28, 1925 that I last saw March 27, 1925, and that death occurred, on the date stated above, at 4:30 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1923

18. CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pyrexia, acute

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 10 5

CONTRIBUTORY (SECONDARY) Fracture (duration) yrs. mos. ds. 4

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Child  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) MO

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

**10. NAME OF FATHER**

W. M. Pettis

20. WAS THERE AN AUTOPSY? no

PARENTS

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Franklin Tenn

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_ (Signed) J. W. Anderson, M. D.

**12. MAIDEN NAME OF MOTHER**

Leona White Beck

(Address) 2005 Madison St

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) MO

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

**14. INFORMANT**

Linn Pettis  
(Address) 2005 Madison St

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Highland

**DATE OF BURIAL**

3-30-1925

**15. FILED**

3/30, 1925  
M. M. Coyne  
REGISTRAR

**20. UNDERTAKER**

H. B. Moore

**ADDRESS**

1520 E 18

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.

