

UG 16 1927

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

Do not use this space.

21174

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township Springfield Primary Registration District No. 901
 City Springfield (No. Springfield Clinic) Registered No. 457
 St. Mo. Ward 1st

2. FULL NAME Melinda Pettigrew
 (a) Residence No. 300 Hall St St. Mo. Ward 1st
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than I day, hrs. or min.
63

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

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/22 1927

17. I HEREBY CERTIFY That I attended deceased from May 29 1927 to June 1 1927 that I last saw h. or v. alive on June 1 1927 and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Debility

CONTRIBUTORY (SECONDARY) Bed Sore (duration) yrs. mos. da.
154B

18. WHERE WAS DISEASE CONTRACTED? (IF NONE, PLACE OF DEATH)
154B

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY? _____
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. Armetson, M. D.
 , 19 (Address) Springfield Mo

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Sue Atchison
 (Address) Webster Ave 7120

15. FILED 7/23 27 OCT 10 1927
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Hazelwood Cem July 23 27

20. UNDERTAKER ADDRESS
W. R. Campbell 869 Wash.

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.

Dr. A. Armetson - 615

