FEB 21 1928

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

Do not use this space.

848

**1. PLACE OF DEATH**

County Henry — Registration District No. 347 — File No.

Township — Primary Registration District No. 3018 — Registered No. 13

City Clinton (No. ..... St. ..... Ward)

**2. FULL NAME** Miss Norcis Pettus

(a) Residence. No. ..... St., ..... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Female | White | single |

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

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

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| about | 84 | — | — | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper 186

(b) General nature of industry, business, or establishment in which employed (or employer) 199 16

(c) Name of employer W. L. Alexander

9. BIRTHPLACE (CITY OR TOWN) Butler County
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER J. B. Pettus

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

12. MAIDEN NAME OF MOTHER Martha Ostin

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

14. INFORMANT W. L. Alexander
(Address) Clinton Mo

15. FILED Jan 28 1928 Dr. E. C. Peelor by J.G. REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1928, to Jan 28, 1928 that I last saw h. alive on Jan 27, 1928 and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Impacted Fracture of Left Hip caused by falling on the floor at home
(duration) ..... yrs. ..... mos. 22 ds.

CONTRIBUTORY (SECONDARY) old age
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 185

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ed. C. Peelor, M. D

, 19 (Address) Clinton 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 Bethel Cemetery — DATE OF BURIAL Jan 29 1928

20. UNDERTAKER Sims Wilkinson & Co — ADDRESS

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.