

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.

JAN 22 1929

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

Do not use this space.

40076

1. PLACE OF DEATH

County..... Dent
Township..... Franklin
City..... (No.....) St..... Ward.....

Registration District No..... 266
Primary Registration District No..... 3379

File No.....
Registered No. 32

2. FULL NAME Matilda Vertista Pettigrew

(a) Residence. No..... St.....
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Pettigrew</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 29-1904</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.	
	<u>24</u>	<u>7</u>	<u>20</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work..... <u>Housewife</u>					
(b) General nature of industry, business, or establishment in which employed (or employer).....					
(c) Name of employer.....					

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

10. NAME OF FATHER John Pankey

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Gasconade Co. Mo.

12. MAIDEN NAME OF MOTHER M. Mead

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

14. INFORMANT Fred Pettigrew
(Address) Salem Mo.

15. FILED 12/28 1928 W. E. Rudd, Jr. D.C.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 19 1928

17. I HEREBY CERTIFY That I attended deceased from Nov. 27 1928, to Dec. 19 1928 that I last saw him alive on Dec. 17 1928, and that death occurred, on the date stated above, at 9:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

115 Plural Pneumonia
1140 / 1010
(duration) yrs. mos. 20 ds.
CONTRIBUTORY Abscess of left lung
(SECONDARY)
(duration) yrs. mos. 3 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF.....
20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. G. Welch, M. D.
, 19 28 (Address) Salem 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 New Hope Cemetery **DATE OF BURIAL** 12/19 1928

20. UNDERTAKER Carl K. Spencer **ADDRESS** Salem Mo.

