

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

Do not use this space.

40269

1. PLACE OF DEATH

County Frank Registration District No. 318

Township Springfield Primary Registration District No. 2001

City Springfield (No. 1407 E. Division)

File No. \_\_\_\_\_  
Registered No. 835  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1407 E. Div. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Andrew Jackson

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

July 12-1849

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>	<u>4</u>	<u>20</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(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) M. C.

10. NAME OF FATHER

Thomas Pettif

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER

Mary McNeil

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Ill

14.

INFORMANT Walter Nelson  
(Address) 1407 E. Div.

15.

FILED 12-3-28 Cl. Horst M.D.  
19 28

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

12-2-28

17. I HEREBY CERTIFY, That I attended deceased from Nov. 26 1928, to Nov. 26 1928, and that I last saw h. alive on Nov. 26 1928, and that death occurred, on the date stated above, at 4:10 P.M.

18A. THE CAUSE OF DEATH\* WAS AS FOLLOWS:

174B  
174B Hemiplegic Stenosis  
Since 1st stroke (duration) 5 yrs. 2 mos. 9 ds.

CONTRIBUTORY (SECONDARY) Injury of R. Hip by fall  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH no

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Solomon W. Doble M. D.  
12-3-28 (Address) Springfield 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

Neonova Mo.

DATE OF BURIAL

12-3-28

20. UNDERTAKER

W. H. ...  
monday

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.

Handwritten text, possibly a signature or name, written in cursive script. The text is oriented vertically and appears to read "L. J. ...".