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

Do not use this space.

11694

1929

1. PLACE OF DEATH

County Nodaway — Registration District No. 625 — File No.

Township Polk — Primary Registration District No. 3031 — Registered No. 40

City Mosyville (No. ..... St. ..... Ward)

2. FULL NAME William H. Pettyjohn

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

Length of residence in city or town where death occurred ..... yrs. ..... mos. 3 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)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Orme Pettyjohn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 28-1868

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
61	2	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work laborer

(b) General nature of industry, business, or establishment in which employed (or employer) day labor

(c) Name of employer

2-3

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Adkins Co., N. C.

2

PARENTS

10. NAME OF FATHER W. P. Pettyjohn

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

2

12. MAIDEN NAME OF MOTHER Jane Frazier

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

2

14. INFORMANT Ada Pettyjohn
(Address) Hopkins, Mo.

15. FILED Apr. 1, 1929 C. P. Fryer E.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 31 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1928, to 3/31, 1929 that I last saw him alive on 3/30, 1929, and that death occurred, on the date stated above, at 1:40 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of prostate

5 C

10 B (duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) hemorrhage

..... (duration) ..... yrs. ..... mos. 14 ds.

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

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C. W. Kirk, M. D.

3/31, 1929 (Address) Hopkins 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	DATE OF BURIAL
Hopkins cem. Hopkins, Mo.	Apr 1-1929

20. UNDERTAKER	ADDRESS
A. L. Stithem #2658	Bedford Ia.

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.