

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

Do not use this space.

38563

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 422100 Labadie)

File No.

Registered No. 10959

St. Ward)

2. FULL NAME Lydia Pettus

(a) Residence. No. 422100 Labadie 10 Ward.

(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 Female 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1, 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 1 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nil
(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) Kentucky

10. NAME OF FATHER Tom Ferguson

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

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known

14. INFORMANT Lezzie Tyler (Address) 422100 Labadie

15. FILED 11 10 1928 May C. Haskins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 8 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 15, 1929 to Nov 8, 1929 that I last saw her alive on Nov 6, 1929 and that death occurred, on the date stated above, at 4:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Haemorrhage
82A
107A
..... (duration) yrs. mos. 8 ds.
CONTRIBUTORY (SECONDARY) Branchiothoracic
non tubercular (duration) yrs. mos. 53 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) D. S. Stewart M. D.
11-10-29 (Address) 11 N. Jefferson

*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 Greenwood DATE OF BURIAL Nov 11 1929
20. UNDERTAKER J. H. Harrison ADDRESS 2906 Lawton

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.

262
2
3

4366 in 10-20-22