

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

Do not use this space.

5959

1. PLACE OF DEATH

County Pettis
Township Death Creek
City Chillicothe

Registration District No. 67D

File No.

Registration District No. 5896

Registered No. 14

City Chillicothe (N. 177 East Bonville St. 2 Ward)

2. FULL NAME

(a) Residence. No. St. Ward. Berman mo Route 1
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

N

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

Single

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

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

July 2nd 1919

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ... hrs. min.

10

7

11

8. OCCUPATION OF DECEASED

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

Student

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Pettis Co

(STATE OR COUNTRY)

Mo

10. NAME OF FATHER

Elza M Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Pettis Co

(STATE OR COUNTRY)

Mo

12. MAIDEN NAME OF MOTHER

Lola M Woodson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Chillicothe

(STATE OR COUNTRY)

Mo

14.

INFORMANT

(Address)

Elza M Scott
Berman mo Route 1

15.

FILED

7-19-30 Flossie Ferguson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 13 1930

17.

I HEREBY CERTIFY, That I attended deceased from

Jan 31, 1930, to Feb 12, 1930.
That I last saw h. alive on Feb 12, 1930, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bilateral Pneumonia

57.5 108 01A
(duration) yrs. mos. 12 da.

CONTRIBUTORY

Acute Rheumatism

(SECONDARY)

Arteriosclerotic Proseeding
(duration) yrs. mos. 21 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Did an operation precede death? no. DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) H. P. Hartwright, M. D.

, 19 (Address) Hughesville 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

Union Cem Pettis Co Feb 15 1930

20. UNDERTAKER

ADDRESS

McLaughlin Bros Chillicothe

