MAY 27 1930

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

Do not use this space.

13512

1. PLACE OF DEATH
County Pemiscot — Registration District No. 661 — File No.
Township ~~Little Prairie~~ — Primary Registration District No. 4388 — Registered No. 49
City Caruthersville Mo (No. ..... St. ..... Ward)

2. FULL NAME Everett Owen Pettet

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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: male
4. COLOR OR RACE: white
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) December 5, 1926

7. AGE: Years 3 | Months 4 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant
(b) General nature of industry, business, or establishment in which employed (or employer): ✓
(c) Name of employer: ✓

9. BIRTHPLACE (CITY OR TOWN) Augusta
(STATE OR COUNTRY) Arkansas

PARENTS
10. NAME OF FATHER J. W. Pettet
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newport
(STATE OR COUNTRY) Arkansas
12. MAIDEN NAME OF MOTHER Mildred Murphy
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Augusta
(STATE OR COUNTRY) Arkansas

14. INFORMANT J. W. Pettet
(Address) Caruthersville Mo

15. FILED May 5, 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr. 22, 1930, to April 23, 1930 that I last saw him alive on April 23, 1930, and that death occurred, on the date stated above, at 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebrospinal Meningitis

7 9B

(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) NA

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. R. Pinion, M. D
Apr. 23, 1930 (Address) Caruthersville, 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: Augusta Ark — DATE OF BURIAL: April 25 1930

20. UNDERTAKER: J. S. La Forge — ADDRESS: Caruthersville, Mo.

Pinion

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.