DEC 20 1930

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

Do not use this space.

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1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No. 35431

Township — Primary Registration District No. 1001 — Registered No. 1255

City St. Joseph, Mo. (No. Missouri Methodist Hospital St. ..... Ward)

2. FULL NAME ~~Lois E Pettepier~~ Elizabeth Pettepier

(a) Residence. No. 2418 South 6 St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 11, 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	87	5	11	

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown

14. INFORMANT L. E. Pettepier
(Address) St Joseph, Mo

15. FILED NOV 24 1930, 19 ..... John G. Wh... REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 22 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2nd, 1930 to Nov 22nd, 1930 that I last saw her alive on Nov 22nd, 1930, and that death occurred, on the date stated above, at 8:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia Lobar
108 right Lung
91 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arterio Sclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Buchanan County Infirmary
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Albert E Holley, M.D.
11/22, 1930 (Address) St Joseph 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 King Hill — DATE OF BURIAL Nov 24, 1930

20. UNDERTAKER Fleeman Funeral Home — ADDRESS 1946 Caucoun

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.