

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

Do not use this space.

3172

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp..... Primary Registration District No. **1003**
 City **St. Louis** (No.) St. Ward)

File No.
 Registered No. **386**

2. FULL NAME

Josiah A. Pettit
 (a) Residence No. **3105 Franklin St.** 21 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **45** 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** *col* **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** *(write the word)* **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Feb 29th 1857*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>73</i>	<i>10</i>	<i>7</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. *Old Soldier*

(b) General nature of industry, business, or establishment in which employed (or employer). *188*

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wayne County Mo.*

10. NAME OF FATHER *William Pettit*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Don't know 31*

12. MAIDEN NAME OF MOTHER *Annie Street*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

14. INFORMANT *Addie Pettit*
 (Address) *3105 Franklin Ave.*

15. FILED *10/19/19* REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *January 5th 1931*

17. HEREBY CERTIFY, That I attended deceased from *Jan. 10* 19*31*, to *Jan. 11* 19*31* that I last saw him alive on *Jan 5th* 19*31* and that death occurred, on the date stated above, at *3:10 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108 pneumonia (lobar)
93C

Chor. meningitis (duration) yrs. mos. *2* da.

CONTRIBUTORY (SECONDARY) *Chor. meningitis* (duration) *1* yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *108*

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH. *no* DATE OF.....

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *clinical*

(Signed) *P. J. Gay, M. D.*

Jan 5, 1931 (Address) *908 Beaumont Bldg.*

*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 *Father Nicholas Cemetery* **DATE OF BURIAL** *Jan 11 1931*

20. UNDERTAKER *James B. Pettit* **ADDRESS** *3080 Bell*

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.

