

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

Do not use this space.

**1. PLACE OF DEATH**

County Green CO.  
Township Springfield  
City Springfield (No. \_\_\_\_\_)

Registration District No. 318  
Primary Registration District No. \_\_\_\_\_

File No. 44691  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Donald H. Pettite

(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) \_\_\_\_\_

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

17 3 5

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work none 210B  
(b) General nature of industry, business, or establishment in which employed (or employer) none 210M  
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Rush Ark.  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER James Cull Pettite  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Rush Ark.  
(STATE OR COUNTRY) Missouri  
12. MAIDEN NAME OF MOTHER Leala Crump Pettite  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mt Hope  
(STATE OR COUNTRY) Baxter Co. - Ark

14. INFORMANT Leala Phillips  
(Address) Yellville, Ark

15. FILED 123-183 Mal. H. Weast  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 1931

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Burns - legs & feet,  
lacerations - Collusion, head  
In auto accident 12-19-31

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

**WHAT TEST CONFIRMED DIAGNOSIS**

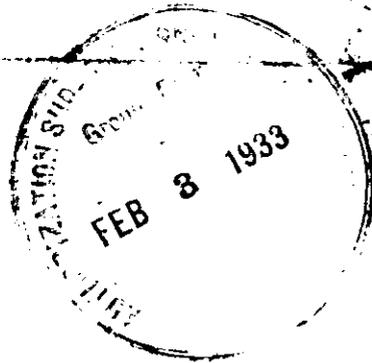
(Signed) Walter Smith, M.D.

(Address) Springfield 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 Desoto Ark. DATE OF BURIAL 12/19 1931

20. UNDERTAKER L.C. Hart Yellville Ark ADDRESS \_\_\_\_\_



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Greene Registration District No. 318 File No. \_\_\_\_\_  
 Township Springfield Primary Registration District No. 2101 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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) Sept. 13-1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
17 3 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Rush, Ark. (STATE OR COUNTRY) Missouri

13. NAME Jessie Cull Pettitte

14. BIRTHPLACE (CITY OR TOWN) Rush, Ark. (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Leola Appleton

16. BIRTHPLACE (CITY OR TOWN) W. Home, Ark. (STATE OR COUNTRY) Ark.

17. INFORMANT (ADDRESS) Leola Pettitte, 211 E. 1st St., Springfield, Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE De. 1st, Ark. DATE 12/19/31

19. UNDERTAKER (ADDRESS) L. C. Holt, 1111 E. 1st St., Springfield, Ark.

20. FILED 2-27-1933 Ralph W. Langston Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 18 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows: Fracture - legs & feet (Date of onset)

lacerations - contusions, head  
from auto accident 12-18-31

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_.

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Hollis Smith M. D.

(Address) Springfield, Ark.

S-40691-A