

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

Do not use this space.

5964

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 289  
 Township Central Primary Registration District No. 6022B  
 City St. Louis (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Virginia Pettey  
 (a) Residence, No. 6240 Etzel ave. 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.

File No. \_\_\_\_\_  
 Registered No. 23

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1931  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 7 12 13  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant  
 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) (STATE OR COUNTRY) St. Louis Mo.  
 13. NAME P. D. Pettey  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerfield Mo.  
 15. MAIDEN NAME Virginia Seach  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deerfield Mo.  
 17. INFORMANT (ADDRESS) Clara Seach  
6240 Etzel ave.  
 18. BURIAL, CREMATION, OR REMOVAL buried  
 PLACE Masser Cem. DATE Aug 14 1932  
 19. UNDERTAKER (ADDRESS) Baumann Bros and Co  
2504 wooden rd. orland ave  
 20. FILED 2-13 1932 Ivella Gray-M.D.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12 1932  
 22. I HEREBY CERTIFY That I attended deceased from Jan 25 1932 to Feb 12 1932  
 I last saw him alive on Feb 11 1932 Death is said to have occurred on the date stated above, at 8:01 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Meningitis complication whooping cough  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
infection  
 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 or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) P. D. Pettey \_\_\_\_\_, M. D.  
 (Address) 657 Delmar

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.

MAR 25 1932

Here is

De B. 10000 fr.  
De B. 10000 fr.