

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

Do not use this space.

1. PLACE OF DEATH

27 County Cooper Registration District No. 724 File No. 28842
 6 Town Franklin Primary Registration District No. 4137 Registered No. 14
 1 City Praine Home St. _____ Ward _____

2. FULL NAME

Julia Ann Pettigrew

(a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
94 | 2 | 26 | _____

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

10. NAME OF FATHER Jamb Crum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Polly Reynolds

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Mrs. J. C. Pettigrew
 (Address) Frank Home Mo

15. FILED 9-29-32 A. K. Meredith REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 1932

17. I HEREBY CERTIFY That I attended deceased from 9-28 1932 to 9-28 1932 that I last saw him alive on 9-27 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY) Stroke morbus

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. K. Meredith, M. D.

9-29-32 (Address) Praine Home 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 * DATE OF BURIAL

Spice Creek Mo 9-29 1932

20. UNDERTAKER C. Hombach ADDRESS Praine Home Mo

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.

SEP 25 1932

