

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

Do not use this space.

34097

**1. PLACE OF DEATH**

County St. Louis Registration District No. 689  
 Township Buffalo Primary Registration District No. 3033  
 City Bonniava (No. 601 N 7) St. 3 Ward

**2. FULL NAME**

Mrs Henrietta Block Pettibone  
 (a) Residence, No. 601 N 7 St. 4 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16 - 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 9 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housekeeper

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) Louisiana  
Mo

13. NAME Jacob Block

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Catharine Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris  
Kentucky

17. INFORMANT Mrs Joe Block  
 (ADDRESS) Bonniava Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Protestant DATE Oct 20 1933

19. UNDERTAKER W. F. Bond  
 (ADDRESS) Louisiana Mo

20. FILED 10/19 1933 J. H. Allen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 3 1933 to Oct 18 1933

I last saw h. ee alive on Oct 18 1933 Death is said to have occurred on the date stated above, at 6:57 m.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis Date of onset  
AT

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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) H. P. Hardin M. D.

(Address) Louisiana 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.

NOV 10 1933

WHITENING INK—THIS IS A PERMANENT RECORD

