

MAP 24 1934

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

Do not use this space.

12

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. 1865-83
Township Marion Primary Registration District No. 3024 Registered No. 81
City Hannibal (No. 1104) Park Avenue St. _____ Ward _____

2. FULL NAME Ollie Frances Pettit

(a) Residence, No. 1104 Park Ave St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)
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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 18, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69 10 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
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) Randolph Co. Missouri

13. NAME Stewart Phipps
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

15. MAIDEN NAME Nancy Hale
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no data

17. INFORMANT Mrs. E. F. Nietzdt, Daughter
(ADDRESS) 1104 Park Ave Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Olivet DATE Jan. 6, 1934

19. UNDERTAKER Wm. M. Smith
(ADDRESS) 702 3d Ave. Hannibal, Mo

20. FILED Jan 8, 1934 R. H. Chester
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1934
22. I HEREBY CERTIFY, That I attended deceased from Dec 30 1933 to Jan 5 1934
I last saw her alive on 12-30 1933. Death is said to have occurred on the date stated above, at 1:00 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis
Coronary thrombosis
Date of onset _____

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) W. B. Brigg M. D.
(Address) Hannibal, Mo

Exact statement of OCCUPATION is very important.

