

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

Do not use this space.

24218

1. PLACE OF DEATH

County Harrison
Township Butler
City (No. _____) _____

Registration District No. 1012
Primary Registration District No. 5480

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME

David Carol Pettitt

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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) July 26-1934

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
3 75 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Harrison Co Mo

MOTHER 13. NAME Everett Pettitt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Davis Co Mo

15. MAIDEN NAME Ruby Deloris Riggins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Jacket Mo

17. INFORMANT (ADDRESS) Edweth J Pettitt
McFall Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mathkins DATE July 27 1934

19. UNDERTAKER (ADDRESS) W. G. Noble
New Hampton Mo

20. FILED July 30 1934 Mrs W. G. Noble Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1934

22. I HEREBY CERTIFY, That I attended deceased from July 26 1934 to _____, 1934

I last saw him alive on July 26, 1934. Death is said to have occurred on the date stated above, at 5:50 p. m.
The principal cause of death and related causes of importance were as follows:

159
Prematurity
Other contributory causes of importance: _____
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 _____, 1934

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) R. L. Brun DA

(Address) New Hampton, Mo.

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.

AUG 17 1934

