

AUG 12 1935

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

Do not use this space.

1. PLACE OF DEATH

County **Buchanan**  
Township .....  
City **St. Joseph** (No. **422 Thompson**)

Registration District No. **85**  
Primary Registration District No. **1001**

File No. **22199**  
Registered No. **755**  
St. .... Ward)

2. FULL NAME **Maggie Mae Pettet**

(a) Residence, No. **422 Thompson** 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Female</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>writes the word</i> ) <b>Married</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Levi Pettet</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 24, 1886</b>				
7. AGE	YEARS <b>49</b>	MONTHS <b>1</b>	DAYS <b>22</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Housewife</b>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Own home</b>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	

12. BIRTHPLACE (CITY OR TOWN) **Buchanan Co.**  
(STATE OR COUNTRY) **Missouri**

13. NAME **John Cross**

14. BIRTHPLACE (CITY OR TOWN) **London**  
(STATE OR COUNTRY) **England**

15. MAIDEN NAME **Armanda Keling**

16. BIRTHPLACE (CITY OR TOWN) **Unknown**  
(STATE OR COUNTRY) **Indiana**

17. INFORMANT **Levi O. Pettet**  
(ADDRESS) **422 Thompson St.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Bethel Cem.** DATE **July 18, 1935**

19. UNDERTAKER **Clark Mortuary**  
(ADDRESS) **5025 King Hill Ave.**

20. FILED **7-17-35** **John R. Bender**  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 16, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **July 15, 1935** to **July 15, 1935**  
I last saw **alive on** ..... 19..... Death is said to have occurred on the date stated above, at **10:15 a.m.**  
The principal cause of death and related causes of importance were as follows:

**Bronchial Pneumonia**  
**Tuberc.**  
Date of onset **July 14**  
Other contributory causes of importance:  
**Acute Nephritis.**

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? **No**  
If so, specify.....  
(Signed) **W. Hays**, M. D.  
(Address) **St. Joseph 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1944

RECEIVED

OFFICE OF THE

SECRETARY OF THE

NAVY

NAVY DEPARTMENT

WASHINGTON

DEPARTMENT OF THE NAVY

OFFICE OF THE

SECRETARY

NAVY DEPARTMENT

WASHINGTON

OFFICE OF THE

SECRETARY

NAVY DEPARTMENT

WASHINGTON