MAY 20 1936

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

Do not use this space.

14846

1. PLACE OF DEATH

County: Greene — Registration District No.: 318

Township: — Primary Registration District No.: 2001

City: Springfield (No. Springfield Baptist Hosp St. Ward)

File No.:

Registered No.: 382

2. FULL NAME: Garrett Pettiford

(a) Residence, No. Springfield Baptist Hospital St. Ward. Walnut Grove Mo R.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George W. Pettiford

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April-14-1873

7. AGE: Years 63 Months 0 Days 10 If LESS THAN 1 day hrs. or min.

OCCUPATION

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

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): Tenn.

FATHER

13. NAME: W. B. Stells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER

15. MAIDEN NAME: Martha Payne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): George W. Pettiford Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greenlawn Cemetery DATE: April-26, 1936

19. UNDERTAKER (ADDRESS): Bonn Funeral Home Walnut Grove Mo

20. FILED: 4-25, 1936 Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April-24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 23, 1936, to April 24, 1936

I last saw h. alive on April 24, 1936. Death is said to have occurred on the date stated above, at 10 a m.

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

	Date of onset
Pneumonia, Lobar.	4/16/36
108	
Other contributory causes of importance:	
Pericarditis acute, following pneumonia	4/23/36

Name of operation: None 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? No

If so, specify

(Signed) E. E. Hewitt, M. D.

(Address) Springfield, 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.

(Rae & Brooks)