

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

Do not use this space.

**JUL 14 1936**

**791  
1008**

**24615**

**1. PLACE OF DEATH**

County.....  
Township.....  
City, St Louis Mo

Registration District No.....  
Primary Registration District No.....  
(No. 3013, Easton W)

File No.....  
Registered No. **6236**  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3013 Easton Ave St. 21 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 Male 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Pettus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 60

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Laharer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

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) Clarksville Tenn

13. NAME Lewis Pettus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Tenn

15. MAIDEN NAME Lydia Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Tenn

17. INFORMANT (ADDRESS) Clara Barbell 3013 Easton Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE June 19<sup>th</sup> 36

19. UNDERTAKER (ADDRESS) A. L. Best and Co. 2936 Lucas Ave

20. FILED JUN 19 1936 J. T. Bredtck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

22. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 9<sup>th</sup> 1936

I HEREBY CERTIFY That I attended deceased from June - 2<sup>nd</sup> 1936 to June - 9<sup>th</sup> 1936  
I last saw him alive on June - 9<sup>th</sup> 1936 Death is said to have occurred on the date stated above, at 10:01 m.  
The principal cause of death and related causes of importance were as follows:

Acute capillary Bronchitis  
Date of onset June 2<sup>nd</sup> 1936  
106

Other contributory causes of importance:  
General Toxemia caused by Bronchitis

Name of operation ..... Date of .....  
What test confirmed diagnosis? None 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 None

(Signed) O. W. Johnson, M. D.  
(Address) 1026 N. Vandeventer

WRITE PLAINLY, WITH UNFADEING 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.

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