DEC 4 1936

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

Do not use this space.

File No. 36512

Registered No.

1. PLACE OF DEATH
County Worth Registration District No. 908
Township Hatchtown Primary Registration District No. 4-3745
City Grant City, Mo. St. Ward)

2. FULL NAME Alta E. Pettis

(a) Residence, No. (Usual place of abode) St., Ward.
(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF James Pettis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1877

7. AGE
YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
59	1	17	

OCCUPATION
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.
10. Date deceased last worked at this occupation (month and year) Sept. 26, 1936
11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Mo.

FATHER
13. NAME Tom Davis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Alice Hunt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Charles Pettis Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City (DATE Oct 2 1936

19. UNDERTAKER (ADDRESS) Joseph G. Dunlap Grant City Mo.

20. FILED 11-9 1936 Ed. Mull M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-30 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-26 1936, to Sept-30 1936
I last saw h.e alive on Sept-30 1936. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Coma Date of onset 1934

Other contributory causes of importance:
Influenza

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) E. Hasse M.D. M. D.
(Address) Grant City 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.