

DEC 18 1936

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

Do not use this space.

40664

1. PLACE OF DEATH

County Chariton
Township Dalton
City Dalton (No.)

Registration District No. 169
Primary Registration District No. 4099

File No.
Registered No. 46
St. Ward

2. FULL NAME

William Pettigrew
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. ~~UNMARRIED~~ WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Pettigrew

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
12

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) Missouri13. NAME Wash Pettigrew14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown15. MAIDEN NAME Marie Jinnell16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Jordan Pettigrew18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton DATE Nov. 12, 193619. UNDERTAKER (ADDRESS) John H. Mayer, Jr.20. FILED Nov. 11, 1936 Harry E. Tate Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 27, 1936, to Nov. 10, 1936. I last saw him alive on Nov. 10, 1936. Death is said to have occurred on the date stated above, at 5 P. m. The principal cause of death and related causes of importance were as follows:

Inanition due to Carcinoma of Colon

Other contributory causes of importance:

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) G. W. Held, M.D.
(Address) Dalton, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

