APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 11194
Township — Primary Registration District No. 1001 — Registered No. 305
City St. Joseph (No. Mo. Metho Hospital 1 St. Ward)

2. FULL NAME Mrs Orie Pettis
(a) Residence, No. St., Ward. Grant City Mo.
(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 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 Fred Pettis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23-1878
7. AGE YEARS 58 MONTHS 7 DAYS 15 If LESS than 1 day, ...hrs. or ...min.

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) Feb., 1937
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME George E. Snider
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westminster Mo.

MOTHER
15. MAIDEN NAME Victoria Sanders
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Letta Goff Grant City Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City DATE 3/8 1937
19. UNDERTAKER (ADDRESS) Arch. C. Dunfee Grant City Mo.
20. FILED 3/9 1937 H J Westlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1937
22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937, to Mar 8, 1937
I last saw her alive on Mar 8, 1937 Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Abscesses Pelvis = Post peritoneal gangrenous appendix - Sub. diaphragmatic abscess	Feb. 1. Mar 1st.

Other contributory causes of importance:

121

Name of operation Clive Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) H. S. Conrad, 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.