

REC'D APR 22 1938

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

Do not use this space.

11732

1. PLACE OF DEATH
 50 County Pettis 1 Registration District No. 668
 4 Township Primary Registration District No. 3032
 4 City Sedalia No. 1308 S Lammie St. Ward)
 2. FULL NAME Shirley Jo Pettis 320
 (a) Residence, No. 1308 S Lammie 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. da. 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1938
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin. 3
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Sedalia Mo
 FATHER 13. NAME Jess Pettis 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 0
 MOTHER 15. MAIDEN NAME Victoria Lawson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Jess Pettis
 (ADDRESS) Sedalia
 18. BURIAL CREMATION, OR REMOVAL PLACE Mellies Chapel DATE Mar 6 1938
 19. UNDERTAKER M^c Laughlin Bros
 (ADDRESS) Sedalia
 20. FILED 3-6-1938 Jean Slack Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 5 1938
 22. I HEREBY CERTIFY, That I attended deceased from Mar 2 1938, to Mar 5 1938
 I last saw her alive on Mar 5 1938. Death is said to have occurred on the date stated above, at 1:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Ischemic myocardium Date of onset
161E
 Other contributory causes of importance:
Donk Knew
 Name of operation 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?
 If so, specify No
 (Signed) W. J. Swartz M. D.
 (Address) Sedalia 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.

