

JUL 12 1938

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

20819
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 39
(b) Township Raw Primary Registration District No. 100
(c) City W.C. Mo. (d) Street No. General Hoop #2 Registered No. 321 St. Mo.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1974 E. 10th St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 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) 7-3-1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 10 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Van Buren, Ark.

FATHER 13. NAME Edward Gas Pettis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Gessner Price

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma City, Ark.

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 6-3 1938

19. FUNERAL DIRECTOR (ADDRESS) Adkins Bros.
2000 E. 12th St. W.C. Mo.

20. FILED 6-3 1938 M.M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27 1938

22. I HEREBY CERTIFY, That I attended deceased from 5-19 38, to 5-27 38, 1938
I last saw her alive on 5-27 4:00 PM Death is said to have occurred on the date stated above, at 12:00 PM.

The principal cause of death and related causes of importance were as follows:

Ischio-Rectal Abscesses Date of onset 12/3

Other contributory causes of importance: Generalized Septicemia

Name of operation Clinical Date of No
What test confirmed diagnosis there an autopsy?

23. If death was due to external causes (violence), fill in also the following: accident, suicide, or homicide? Date of injury, 1938

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) M.M. Crowe M.P. (Address) General Hoop #2

WRITE PLAINLY, WITH UNFADING 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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)