

NOV 23 1938

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

36290  
Do not use this space.

1. PLACE OF DEATH

(a) County Milner Registration District No. 561  
 (b) Township Calmar Primary Registration District No. 4330 Registered No. 79  
 (c) City Eldon (d) Street No. Eldon Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. 3 21 How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gladys Lewis Pettit

(a) Residence, No. 321 St.  Des Moines, Iowa  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. A. Pettit  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11 1899  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 39 0 21  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Iowa

FATHER 13. NAME W. M. Lewis

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

MOTHER 15. MAIDEN NAME Mattie Minson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

17. INFORMANT (ADDRESS) L. A. Pettit Des Moines, Iowa

18. BURIAL, CREMATION, OR REMOVAL PLACE Des Moines, Iowa DATE Nov. 3, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phillips Funeral Home Eldon, Missouri

20. FILED Nov 2, 1938 Belle Haynes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1938 to Nov. 2, 1938  
 I last saw her alive on Nov. 2, 1938 Death is said to have occurred on the date stated above, at 1 P.M.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia  
Acute pulmonary edema  
 Other contributory causes of importance: Myocardial degeneration  
 since childhood

Date of onset  
10/18/38  
11/2/38

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 (Signed) Kenneth E. Pletcher, M. D.  
495 (Address) Eldon, Missouri

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.

RECEIVED

Miller County Health Dep't.

County File Number 19

Date Filed 11-9-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

*Louis T. Phelan*

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*Louis T. Phelan*

Licensed Embalmer No. 3663

P. O. Address Eldon Mo.

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.)

If this body is not embalmed, above space should be left blank.