

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

Do not use this space.

REC'D JUL 14 1939

21845

1. PLACE OF DEATH

County Chariton
 Township Pauling
 City Dalton (No. _____)

Registration District No. 169
 Primary Registration District No. 5236

File No. _____
 Registered No. 26
 St. _____ Ward _____

2. FULL NAME

ROTH PEARL 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

3. SEX Female **4. COLOR OR RACE** Col **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ed. Pettigrew

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-4-1885

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|----------|----------------------------------|
| | <u>54</u> | <u>4</u> | <u>1</u> | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

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) Keokuk Mo.

FATHER **13. NAME** Gas. Brown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Mo.

MOTHER **15. MAIDEN NAME** Mallie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keokuk Mo.

17. INFORMANT (ADDRESS) Ed. Pettigrew Dalton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dalton Mo. **DATE** June 9 1939

19. UNDERTAKER (ADDRESS) L. Maessell Breunersville Mo.

20. FILED June 7 1939 Harry E. Tatum Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 1939

22. I HEREBY CERTIFY that I attended deceased from June 2-1939 to June 5-1939
 I last saw her alive on June 5 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus Date of onset 1935

59

Other contributory causes of importance: Diabetic Coma 4 days

Name of operation none Date of _____
 What test confirmed diagnosis? clinical 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) Harry E. Tatum M. D.
 (Address) Keokuk 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.

THIS IS A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number

7/12/39

Date Filed