

RECD JUL 13 1939

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

Do not use this space.

23552

1. PLACE OF DEATH

113 County Wprth
Township Middlefork
City 320 (No. 1)

Registration District No. 908-1112
Primary Registration District No. 6213

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

2. FULL NAME Panola Eliebeth Pettis

(a) Residence, No. _____ St. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ewedard Pettis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29 1877

7. AGE YEARS 62 MONTHS 1 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

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

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) Worth County (STATE OR COUNTRY) Missouri

13. NAME George Brant

14. BIRTHPLACE (CITY OR TOWN) Worth County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Eliza Reed

16. BIRTHPLACE (CITY OR TOWN) Worth County (STATE OR COUNTRY) Missouri

17. INFORMANT Carl Gibson (ADDRESS) Worth, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grant City Mo DATE June, 27 1939

19. UNDERTAKER Hayes Andrew (ADDRESS) Worth, Mo.

20. FILED July 3, 1939 Fred Muller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1939

22. I HEREBY CERTIFY That I attended deceased from June 26 1939 June 26 1939

I last saw her alive on June 25 1939 Death is said to have occurred on the date stated above, at 8:00 p.m.

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

Cerebral Haemorrhage Date of onset 6-25-39

Other contributory causes of importance:

Name of operation none Date of _____

What test confirmed diagnosis? Biopsy Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19 _____

Where did injury occur? _____

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) J. K. Rose M. D.

(Address) Grant City 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.

RECEIVED

District Health Officer No. 11

District File Number

739-832

Date Filed

JUL 12 1939