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.

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

ISSUED SEP 6 1939

28426
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson Registration District No. 399
(b) Township Kansas Primary Registration District No. 1002 Registered No. 90
(c) City Kansas City, Mo. (d) Street No. St. Vincents Hosp. 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 3 yrs. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Pettit William Pettit
(a) Residence, No. 339 N. Topping St.
(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 Male
4. COLOR OR RACE White
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) 8/2/39
7. AGE Years: Stillborn Months: Days: If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) Kansas City Mo.

FATHER
13. NAME Dean Pettit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Denver~~ ~~Kansas City~~ Colo ~~Mo.~~

MOTHER
15. MAIDEN NAME Margaret Peterson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Denver~~ Kansas City, Mo ~~Colorado~~

17. INFORMANT Dean Pettit
(ADDRESS) K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Moriah DATE Aug 1939

19. FUNERAL DIRECTOR (NAME) C. H. Blackburn & Son
(ADDRESS) 9825 Indep. Blvd K.C. Mo

20. FILED 8/3 1939 M. M. Crowe
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 2 1939

22. I HEREBY CERTIFY, That I attended deceased from ....19...., to ....19....
I last saw h... alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Stillbirth	
Asphyxia	

Other contributory causes of importance:

Pyelo-nephritis-Mother,	

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) R. H. Williams, M. D.
(Address) 5400 St John Ave

(Licensed Embalmer's Statement on Reverse Side)

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, ...

....., or by .....,

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

Signed.....C W Austin.....

Licensed Embalmer No.....3456.....

P. O. Address.....

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.