

REC'D FEB 15 1939

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

Do not use this space.

2352

1. PLACE OF DEATH

County GreeneRegistration District No. 316

Township

City SpringfieldPrimary Registration District No. 2001(No. 850 East Walnut Street, St. _____ Ward)File No. _____
Registered No. 902. FULL NAME Mrs Geneva Pettit(a) Residence, No. 850 East Walnut St. _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A.A. Pettit6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 9, 18677. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 10 208. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Housewife

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) Weaver, Iowa. (STATE OR COUNTRY)13. NAME Simon Doran14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)15. MAIDEN NAME Husk Spicknell Unknown

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

17. INFORMANT L. D. Pettit (ADDRESS) Willard Missouri18. BURIAL, CREMATION, OR REMOVAL Mitchellville, Ia to be buried Feb. 1, 1939 DATE Feb 1 193919. UNDERTAKER R. I. Greenwade Undertaking (ADDRESS) Willard, Missouri20. FILED Jan 30, 1939 Chas. A. George (Address) 542 Med. Bldg Springfield, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 29, 193922. I HEREBY CERTIFY, That I attended deceased from 9-15, 1938, to 1-27, 1939I last saw her alive on 1-27, 1939. Death is saidto have occurred on the date stated above, at 5 P.M.

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

Cerebral Hemorrhage
(left)Date of onset
1-22-39

Other contributory causes of importance:

Hypertension Husk
Generalized Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Phy. Exam. 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

Or if so, specify _____

(Signed) [Signature], M. D.(Address) 542 Med. Bldg Springfield, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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