

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

Do not use this space.

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**1. PLACE OF DEATH**

County Buchanan Registration District No. 1001  
Township Washington Primary Registration District No. 1001  
City St. Joseph Mo (No. 1711 Sycamore St)

File No. \_\_\_\_\_  
Registered No. 1335  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Martha Francis Pettis

(a) Residence. No. 1711 Sycamore 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8/1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 9 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Charles Beyer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Bess Anderson  
(Address) R. 2, # 5 St. Joe, Mo

15. File No. 18 1930 19 1930  
John G. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 24 1930, to Dec 14 1930.  
that I last saw her alive on Dec 14, 1930, and that death occurred, on the date stated above, at 2:20 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Aortic Insufficiency

(duration) 2 yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 2 yrs. 0 mos. 0 da.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Charles W. Werner, M. D.

Dec 15, 1930 (Address) 315 Kirkpatrick Bldg

\*State the DISEASE CAUSING DEATH, or INJURY, or SUICIDAL or HOMICIDAL CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Nelson Cemetery Dec 16 1930

20. UNDERTAKER ADDRESS  
E. G. Biedenbader 602 So. 10

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.

DEC 18 1930

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