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

Do not use this space.

2347

FEB 27 1934

1. PLACE OF DEATH
County St. Francois — Registration District No. 775
Township Perry — Primary Registration District No. 6020
City Bonne Terre Mo. St. Ward)
File No.
Registered No. 4

2. FULL NAME Charlotte Belle Pettus

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Jacob Pettus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 20 1894

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
39	10	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, 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) (STATE OR COUNTRY): Primrose, Missouri

FATHER
13. NAME: Willis Moon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County Missouri

MOTHER
15. MAIDEN NAME: Alice Whitter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson County Missouri

17. INFORMANT (ADDRESS): Jacob L Pettus Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Primrose Cemetery 1-30-34

19. UNDERTAKER (ADDRESS): Graham Und Co Bonne Terre Mo

20. FILED 1/29/1934 T. A. Son Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 29 1934

22. I HEREBY CERTIFY, That I attended deceased from July 13 1933 to Jan 28 1934
I last saw her alive on Jan 28 1934 Death is said to have occurred on the date stated above, at 1:00 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis.	
From history several years.	

Other contributory causes of importance:
23A

Name of operation: Date of:
What test confirmed diagnosis? Autopsy. 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) B. F. Harris, M. D.
(Address) Bonne Terre Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Any NOTHING should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.