

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

Do not use this space.

710

1. PLACE OF DEATH

County Polk
Township Liberty
City Liberty (No.)

Registration District No. 501
Primary Registration District No. 3012

File No.
Registered No. 10
St. Ward

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Jesse M. Petty

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1 - 1841

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 6 6

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Kearney Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Nicholas Michalinski

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

12. MAIDEN NAME OF MOTHER Appollonia

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

14. INFORMANT Mrs. Kate E. Tapp
(Address) Charter - Mo

15. FILED 7/29 1929 W. H. Goodson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 - 1929

17. I HEREBY CERTIFY that I attended deceased from Dec 31, 1928, to July 7, 1929 that I last saw her alive on June 12, 1929, and that death occurred, on the date stated above, at 12-11-29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
1078
100W
CONTRIBUTORY Bronchial Pneumonia
(SECONDARY) (duration) yrs. mos. da. 8

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at Place of Death

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. L. Johnson, M. D.

(Address) Liberty Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 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
Old Liberty Cemetery 1/8/29

20. UNDERTAKER Church - Anchor Co ADDRESS Liberty Mo

WRITE IN INK. WITH UNFADING INK--THIS IS A PERMANENT RECORD

K. E.—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.

1929
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