

APR 30 1930

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

Do not use this space.

9924

1. PLACE OF DEATH
County Ray Co Registration District No. 744
Township Richmond Primary Registration District No. 3035
City Richmond (No.) St. Ward)

File No.
Registered No. 20

2. FULL NAME Benora Petty
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 1 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Samuel C Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sophionia A. Schooler
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Mrs Maggie Shoop
(Address) Richmond Mo.

15. FILED 3-31-30 E. E. Lay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1930

17. I HEREBY CERTIFY, That I attended deceased from 9:30 A.M.
Mar 17, 1930, to Mar 18, 1930
that I last saw h. SA alive on Mar 18, 1930, and that death occurred, on the date stated above, at 7:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

95B Apoplexy
92A
(duration) yrs. mos. ds.

CONTRIBUTORY Cardio - vascular disease
(SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical Diagnosis
(Signed) E. E. Lay

Mar 20 19 30 (Address) Richmond, 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 Sunny Slope DATE OF BURIAL 3-19-30
19

20. UNDERTAKER W. W. Manner ADDRESS Richmond Mo

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.

WRITE PLAINLY, WITH OUT-AGING THIS TO A PLAIN, SIMPLE RECORD

E. G. Ravare D.D.