

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

Do not use this space.

5163

1. PLACE OF DEATH

38 County Jefferson
Township Ray
City (No. _____) _____ St. _____ Ward _____

Registration District No. 314
Primary Registration District No. B5429B

File No. _____
Registered No. 108

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

James P. Petty

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Virginia Petty
Mary B.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24 - 1858

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, _____ hrs. or _____ min.
73 11 15

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

9. BIRTHPLACE (CITY OR TOWN) Clay Co
(STATE OR COUNTRY) MO

10. NAME OF FATHER James Monroe Petty

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

12. MAIDEN NAME OF MOTHER Nancy Ray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) V. H. W.
(STATE OR COUNTRY)

14. INFORMANT C. B. Petty
(Address) Stonington MO

15. FILED 2/10 1931
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 9 1931

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ about 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
(Suicide) self-inflicted wound
from shot which shot from
(shot gun wound in back
occurred at his residence)
(duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 167
(duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) S.O. Hauling (Coroner) M.D.
, 19____ (Address) Alfonso road

*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 Hughes Funeral Home
Stonington MO DATE OF BURIAL 2-11 1931

20. UNDERTAKER Lator F. Phillips
ADDRESS Stonington 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.

