WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

S. NO. 2.

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.

JUN 29 1931

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

Do not use this space.

19227

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123 File No.

Township CARONDELET Primary Registration District No. 6248 B Registered No. 198

City Jefferson Barracks, Mo. USV. Hospital. St. Ward)

2. FULL NAME Henry E. Petty

(a) Residence, No. 2832 Cayougia Str., Granite City, Ill. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos own ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Louise Petty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 22, 1888.

7. AGE: 42 YEARS: 42 MONTHS: 9 DAYS: 26 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Machinist.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Commonwealth Steel Co.
10. Date deceased last worked at this occupation (month and year): Latter Part of Oct. 1930.
11. Total time (years) spent in this occupation: 8 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Alamo, Tennessee

FATHER

13. NAME: Horatio Petty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Corinth, Mississippi

MOTHER

15. MAIDEN NAME: Sallie Taylor.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris, Tennessee.

17. INFORMANT (ADDRESS): C. H. Smith, M.D., Clinical Dir., USV. Hosp. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: National Cem. DATE: May 20, 1931

19. UNDERTAKER (ADDRESS): C. Hoffmeister N. & L. Co. 7814 S Broadway

20. FILED: May 20, 1931 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from April 29, 1931, to May 18, 1931

I last saw him alive on May 18, 1931 Death is said to have occurred on the date stated above, at 3:30 PM

The principal cause of death and related causes of importance were as follows:

Chronic nephritis. Date of onset: Unk.

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Other contributory causes of importance: None.

Name of operation: None Date of

What test confirmed diagnosis? Autopsy and physical findings. Was there an autopsy? Yes

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?

If so, specify

(Signed) W. C. GIBSON, M.D. Med. Off. In Chg.

(Address) USVHosp. Jeff. Brks., Mo.