

JUL 16 1936

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

Do not use this space.

21948

1. PLACE OF DEATH

County BATES

Registration District No. 53

Township

Primary Registration District No. 0805

City RICH HILL MO (No. _____)

File No. _____
Registered No. 21
St. _____ Ward _____

2. FULL NAME

MOLLIE F. PETTY

(a) Residence, No. RICH HILL MO St. _____ Ward _____

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. (If nonresident, give city or town and State)

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 I. A. PETTY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 16 1866

7. AGE YEARS 70 MONTHS 5 DAYS 24 If LESS than 1 day, _____ hrs. or _____ min.

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) BUCHANAN CO MO.

13. NAME D. F. SNUTTER

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN.

15. MAIDEN NAME ADELINE FINCH

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO.

17. INFORMANT I. A. PETTY (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE GREENLAWN DATE JUNE 27 1936

19. UNDERTAKER BOOTH SERVICE (ADDRESS) RICH HILL MO

20. FILED June 27 1936 D. J. Starnes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JUNE 24 1936

I HEREBY CERTIFY, That I attended deceased from June 22 1935, to June 24 1936

I last saw E. R. alive on June 24 1936 Death is said

to have occurred on the date stated above, at 7:15 p.m.

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

Coronary Sclerosis and Coronary Thrombosis Hypertension

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external cause (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) Robert D. Smith, M. D.

(Address) Rich Hill Mo

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

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.

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