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.

SEP 28 1936

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

Do not use this space.

1. PLACE OF DEATH
County Ozark
Township Jasper
City Isabella (No. ..... , ... St. ..... Ward)

Registration District No. 924
Primary Registration District No. 5851

File No. 31869
Registered No. 1

2. FULL NAME Ronald Eugene Pettit

(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 7. 1936

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
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) Isabella Ozark Co Mo

FATHER
13. NAME Jack N. Pettit
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Meare Mo

MOTHER
15. MAIDEN NAME Nova Martin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pontiac, Mo.

17. INFORMANT (ADDRESS) Mrs Mearle Luna Gainesville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pontiac Cemetery DATE Aug. 16 1936

19. UNDERTAKER (ADDRESS) Gene Pettit Gainesville Mo

20. FILED Aug 17 1936 Mary F. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 15, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1936, to Aug 18, 1936
I last saw him alive on Aug 15, 1936. Death is said to have occurred on the date stated above, at 7 P.M.
The principal cause of death and related causes of importance were as follows:

Non Viability — Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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) [illegible], M. D.
(Address) [illegible] Mo
Gainesville Mo

Dr. White
Lancaster Mo.