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.

DEC 5 1936

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

Do not use this space.

38792

1. PLACE OF DEATH
County Ray
Registration District No. 744
Township
Primary Registration District No. 3035.
City Millville Mo (No. ..... St. ..... Ward)
File No.
Registered No. 112

2. FULL NAME Mr David P. 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 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~~ Mrs Mary Petty
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 25, 1884
7. AGE YEARS 51 MONTHS 11 DAYS 6 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. Merchant
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) Ray County Missouri

FATHER
13. NAME James H. Petty
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

MOTHER
15. MAIDEN NAME Alice Octava
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

17. INFORMANT (ADDRESS) Mrs Mary Petty Millville Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lowell Cemetery DATE November 2, 1936
19. UNDERTAKER (ADDRESS) H. W. Manson Richmond Missouri
20. FILED 11-10, 1936 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1936
22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 P.
The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart

Date of onset

Other contributory causes of importance:
Chronic Bronchial Asthma

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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? No
If so, specify
(Signed) E. E. Gay Coroner M. D.
(Address) Richmond Mo