

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.

DEC 18 1936

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

Do not use this space.

1. PLACE OF DEATH

County Andrew Registration District No. 15
Township Platte Primary Registration District No. 3019
City Paris (No.) St. Ward)

File No. 40257
Registered No. 15

2. FULL NAME

Rena Petty
(a) Residence, No. Mar. Ave. 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 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 10 27
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Nov. 1936 11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannonville, Mo.

13. NAME Wm. Topham

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

15. MAIDEN NAME Melinda J. Baldwin

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

17. INFORMANT Chas. E. Petty
(ADDRESS) Paris, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Shannonville DATE Dec. 2, 1936

19. UNDERTAKER Lucile M. Wilson
(ADDRESS) King Hotel, Paris, Mo.

20. FILED Dec 1 1936 W. E. Jefferson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from November 19, 1936, to Nov. 20, 1936. I last saw her alive on November 19, 1936. Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Cerebral Hemorrhage (Date of onset)

Other contributory causes of importance: Senility

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 NO.
(Signed) J. Maurice Peter, M. D.
(Address) Whitesville Mo

