

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

Do not use this space.

FEB 8 1937

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3485

File No. _____
 Registered No. **517**
 _____ St. _____ Ward)

1. PLACE OF DEATH

96
33
County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City of St. Louis, Mo. 1711a Dolman St. _____ St. _____ Ward)

2. FULL NAME Lawrence D. Petty

(a) Residence, No. 1711a Dolman St. St. 23 Ward. 1
 (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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 31, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 9 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gardner LANDSCAPE

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self

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) Illinois

13. NAME Wm. Petty

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

15. MAIDEN NAME Anna Webb

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

17. INFORMANT (ADDRESS) Helen Poole
1711a Dolman St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lions Cem. DATE Jan 13 1937

19. UNDERTAKER (ADDRESS) Chas. McLaughlin
12301 Lafayette Ave.

20. FILED JAN 13 1937 J. Fredrick Registrar.

MEDICAL CERTIFICATE OF DEATH

No Physician or Attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937

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 12:20 a.m.

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

Date of onset: _____

Lobar Pneumonia
108

Other contributory causes of importance:

Aortic Stenosis & Aortitis, none specified
heart one half normal size.

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) Alfred Perry
 (Address) Supy. Coroner

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE AND CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

