

APR 27 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County St. Francois Registration District No. 779  
Township Randolph Primary Registration District No. 66240  
City Desloge (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 13271

Registered No. \_\_\_\_\_

## 2. FULL NAME

Baby Father, Andy 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

Baby6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, of hrs. or min.

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) Desloge Mo

13. NAME Andy Petty

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.

15. MAIDEN NAME Imah Reeves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford Co. Mo.

17. INFORMANT Andy Petty (ADDRESS) Desloge, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cedar Falls DATE March 6, 1937

19. UNDERTAKER C. B. Boyer (ADDRESS) Desloge, Mo.

20. FILED 4-9-37 W. H. Blacksmith Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-5, 1937, to 3-6, 1937

I last saw him alive on 3-5, 1937 Death is said

to have occurred on the date stated above, at 3:45 a.m.

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

Premature birth - 6 months Date of onset

Cause unknown

Other contributory causes of importance

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis clinical 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? no

If so, specify \_\_\_\_\_

(Signed) Harold P. Garbe, M. D.

(Address) Desloge Mo

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.

