

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

Do not use this space.

JUN 2 1 1937

1. PLACE OF DEATH

County Juniata Registration District No. 314
 Township _____ Primary Registration District No. 4190
 City Stanhurst (No. _____) St. _____ Ward _____

File No. 19993
 Registered No. 12

2. FULL NAME

John Thomas 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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ellie Ross Petty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21 - 1861</u>		
7. AGE	YEARS <u>75</u>	MONTHS <u>5</u>
	DAYS <u>9</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as aptener, sawyer, bookkeeper, etc. <u>retired farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>FARM</u>	
	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) <u>Juniata Mo</u>		
FATHER	13. NAME <u>James M. Petty</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Juniata</u>	
	15. MAIDEN NAME <u>Nancy Jane Day</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
	17. INFORMANT (ADDRESS) <u>Charley Petty</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Stanhurst Mo</u> DATE <u>5/31 37</u>		
19. UNDERTAKER (ADDRESS) <u>Kate L. Phillips</u> <u>Stanhurst Mo</u>		
20. FILED <u>5/31</u> 19 <u>37</u> <u>65</u> <u>6</u> <u>5</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 37

22. I HEREBY CERTIFY That I attended deceased from Mar 29, 1937, to May 29, 1937
 I last saw him alive on May 29, 1937. Death is said to have occurred on the date stated above, at 5:11 m.
 The principal cause of death and related causes of importance were as follows:
Ischemic Valvular heart disease
 Date of onset _____

Other contributory causes of importance:
Coronary atherosclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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) F. J. Hensley, M. D.
 (Address) Stanhurst, 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.

