

JUL 26 1937

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

Do not use this space.

1. PLACE OF DEATH

1 County AdairRegistration District No. 4

2 Township

Primary Registration District No. 30017 City Kirksville(No. (Stickler Hosp.))File No. 23031Registered No. 131

St. _____ Ward _____

2. FULL NAME Solomon Perry Petty(a) Residence, No. Rutledge Mo.

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

Daisy Petty

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

Nov. 2, 1879

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

57729

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

Carpenter

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) June 2, 193711. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Rutledge Mo.

13. NAME

Solomon Jackson Petty

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

Unknown

15. MAIDEN NAME

Sarah Anne Montgomery

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

Missouri

17. INFORMANT (ADDRESS)

Daisy Petty Rutledge, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rutledge MoDATE June 2, 1937

19. UNDERTAKER (ADDRESS)

Davis Funeral Home Kirksville Mo.

20. FILED

July 2, 1937 Spencer L. Freeman Registrar.

MEDICAL CERTIFICATE OF DEATH

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

July 1, 1937

22. I HEREBY CERTIFY That I attended deceased from

June 28, 1937, to July 1, 1937I last saw him alive on July 1, 1937 Death is saidto have occurred on the date stated above at 8:15 am.

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

Bremia
myocarditis
Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:

Hypertension
Stent.

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 _____

(Signed) RO Stickler

M. D.

(Address) Kirksville 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.

