

NOV 23 1937

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

Do not use this space.

38675

1. PLACE OF DEATH
County St. Francois Registration District No. 773
Township St. Francois Primary Registration District No. 6018A
Near City Farmington (No. _____ St. _____ Ward _____)

2. FULL NAME Dorothy Dean Petty
(a) Residence, No. Salem, 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 Female 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 Archie Lee Petty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 21, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6 11 18

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

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) Dent County Missouri

13. NAME William Leonard Akers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iron County Missouri

15. MAIDEN NAME Julia Caroline Medlock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County Missouri

17. INFORMANT Hospital Records
(ADDRESS) Farmington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Creek Township DATE Oct. 10, 1937
Dent County, Mo.

19. UNDERTAKER Earl K. Spencer
(ADDRESS) Salem, Mo.

20. FILED Oct 9 1937 W. J. Robinson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 17, 1937 to October 9, 1937

I last saw her alive on October 8, 1937 Death is said to have occurred on the date stated above, at 1:40 A.M.

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

General Paralysis of the Insane Date of onset 9/3/37?

Other contributory causes of importance:

Myocarditis, atherosclerotic in origin ?

Name of operation None Date of _____
What test confirmed diagnosis? Clinical & Path. 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) C. C. Quelt, M. D.
(Address) Farmington, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. None of information should be caremny supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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