JAN 18 1938

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

Do not use this space.

2
1

1. PLACE OF DEATH
County Howard, Registration District No. 378 File No. 45522
45 Township Richmond, Primary Registration District No. 5-5-26 Registered No. 78
City ..... (No. ..... St. ..... Ward)

2. FULL NAME James Thomas Petty,

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 Black
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/21st 1921

7. AGE YEARS 16 MONTHS 9 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farm hand,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2
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) Missouri 1

FATHER
13. NAME Tom Petty. 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 1

MOTHER
15. MAIDEN NAME Everlener Petty,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri,

17. INFORMANT (ADDRESS) Tom Petty. Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hilldale DATE 12/26th 1937

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED Jan. 5 1938 V. A. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23rd 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 10 30 P.m.
The principal cause of death and related causes of importance were as follows:

Gun Shot wound

Date of onset

Other contributory causes of importance: 173

Name of operation ..... Date of .....
What test confirmed diagnosis? yes Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 12-23, 1937
Where did injury occur? 1 mi. from Fayette Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Gun shot wound of Head
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) W. R. Hawkins, M. D.
(Address) Georgian Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

50M-10-22-36