DEC'D FEB 21 1939

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

1791
Do not use this space.

1. PLACE OF DEATH
(a) County Callaway 3 1 Registration District No. 104
(b) Township Primary Registration District No. 3008 Registered No. 14
(c) City Fulton (d) Street No. State Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 33 Richard ~~Petitt~~ Petitt
(a) Residence, No. 4503 Jennings Rd St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Raichel
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12 1865
7. AGE YEARS 73 MONTHS 10 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as 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) Thebo Ill

FATHER
13. NAME Wm Petitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Mellissa Moore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Lola Boes 4503 Jennings Rd
18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem DATE Jan 14 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas Stuart 1225 Union Blvd
20. FILED 1-12-1939 R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 11 1939
22. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1938, to Jan. 11th, 1939
I last saw him alive on Jan 10th, 1939. Death is said to have occurred on the date stated above, at 2:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic Pneumonia	Jan 9/39

93 C

Other contributory causes of importance:
Senile Psychosis; Dehydration
Chr. Myocarditis

Name of operation 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) Geo Fwood M. D.
(Address) State Hosp #1 Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.