

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

18607
 Do not use this space.

REC'D JUN 8 1939

1. PLACE OF DEATH

(a) County GREENE Registration District No. 375
 (b) Township _____ Primary Registration District No. 2001 Registered No. 375
 (c) City SPRINGFIELD (d) Street No. 1141 N. NATIONAL AVE.
 (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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

WILLIAM S. PETTY
 (a) Residence, No. 1141 N. NATIONAL AVE. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1885
 7. AGE YEARS 53 MONTHS 10 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) Iowa
 FATHER 13. NAME Joshua Petty 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 17. INFORMANT (ADDRESS) Thomas R Petty, Springdale Ark
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE May 6 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Kutzner, Springfield, Mo.
 20. FILED 5-6-39 1939 Chas. A. George, Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-39
 22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1939 to Apr 26 1939
 that saw him alive on Apr 20 1939 Death is said to have occurred on the date stated above, at 3:45 a.m.
 The principal cause of death and related causes of importance were as follows:
Asphyxiation
 Date of onset _____
 Other contributory causes of importance:
Prostate Hypertrophy
 Name of operation None Date of _____
 What test confirmed diagnosis Cholera 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? _____
 If so, specify _____
 (Signed) Arthur G. W. Perry, M. D.
 (Address) Springfield, 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.

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

J. B. Klingner

Licensed Embalmer No.

3358

P. O. Address

Springfield, Mo.

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.

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