

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

39982  
Do not use this space.

1. PLACE OF DEATH 3

(a) County Jasper Registration District No. 411  
 (b) Township Galena Primary Registration District No. 5569  
 (c) City Joplin (d) Street No. 2 1/2 miles east of Range Line Registered No. \_\_\_\_\_  
 (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. on County Line

2. PRINT FULL NAME Robert Carl Pettley

(a) Residence, No. Route #2 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 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) Jan. 7, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
12 10 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home  
 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) Mountain View, Arkansas

FATHER 13. NAME William Pettley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Pearl Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) William Pettley, Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE Nov 8, 1939

19. FUNERAL DIRECTOR (ADDRESS) Thompson & Wilson, Joplin, Mo.

20. FILED 11-8-39 24 D. James Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on Nov. 7, 1939. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:  
Fractured skull  
accident  
 Date of onset 1939

Other contributory causes of importance:  
Helping his father cut down trees and dead limb fell and hit him on head

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, accident, or homicide? \_\_\_\_\_ Date of injury 11-7-1939  
 Where did injury occur? Joplin family mo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. in home  
 Manner of injury limb struck on head  
 Nature of injury fractured skull

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_  
 (Signed) H. W. Winchester M. D.  
 (Address) Joplin 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.

RECEIVED.

District Health Officer No. 6,

District File Number 1239 - 2468

Date Filed DEC 6 1939

---

---

STATEMENT BY LICENSED EMBALMER

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed David Dillon

) Licensed Embalmer No. 3898

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.)