

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.

DEC 20 1939

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

Do not use this space.

40630

1. PLACE OF DEATH

County Ray  
Township Grape Grove  
City Cowgill (No. ....)

Registration District No. 914  
Primary Registration District No. 6235

File No. ....  
Registered No. 14  
St. .... Ward)

2. FULL NAME

James P. Petty

(a) Residence, No. .... St. .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Lee Petty

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
81 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Nov. 1936 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cowgill Mo.

MOTHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

15. MAIDEN NAME Melvina Hanna

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Christine Petty Cowgill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cowgill DATE 11/20/39

19. UNDERTAKER (ADDRESS) B. F. Mead Braymer, Mo.

20. FILED Nov. 22 19 39 Mrs. W. E. Gant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from May, 1938, to Nov. 18, 1939  
I last saw him alive on Nov. 17, 1939. Death is said to have occurred on the date stated above, at 12:20 p.m.

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

Chronic Interstitial Nephritis Date of onset years ago  
Chronic Myocarditis (arteriosclerotic) years ago  
Generalized Arteriosclerosis years ago

Other contributory causes of importance: 131  
Chronic Prostatitis years ago  
Pneumonia (Terminal) Nov 17, 1939

Name of operation none 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) J. E. Guedberg, M. D.  
(Address) Polo, Mo.

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 1/21/39