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

Do not use this space.

33305

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.

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

NOV 28 1932

1. PLACE OF DEATH

89 County: RAY — Registration District No.: 744 — File No.:

6 Township: ~~Richmond~~ — Primary Registration District No.: 3035 — Registered No.: 80

4 City: RICHMOND (No. ..., ... St. ... Ward)

2. FULL NAME: MARTHA E. PETTEY

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Fe.	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. F. PETTEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): NOV. 9 1847

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
84	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

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): 11. Total time (years) spent in this occupation: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER

13. NAME: Howard Fields

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: He not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): 31

17. INFORMANT: Mr. Ed. Roney (ADDRESS): Richmond Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Richmond Mo DATE: 10/22/32, 19

19. UNDERTAKER: C. M. Gorne (ADDRESS): Richmond Mo

20. FILED: 11-9, 1932 E. E. Clay Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/21/32, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-17-, 32, to ..., 19...

I last saw h. alive on 10-17-, 1932. Death is said to have occurred on the date stated above, at 12:05 Am.

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

	Date of onset
1860 Hypostatic Pneumonia	
14 (Followed fractured hip)	
11 accidentally " "	
	14

Other contributory causes of importance: Senility

Name of operation: ... Date of: ...

What test confirmed diagnosis: Clinical Was there an autopsy?: No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury: 10/14/1932

Where did injury occur? Richmond Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place: Home

Manner of injury: Fractured hip accidentally

Nature of injury: " " falling

24. Was disease or injury in any way related to occupation of deceased?

If so, specify:

(Signed) E. E. Clay, M. D.

(Address) Richmond Mo.