

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 5 1936

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

2488  
Do not use this space.  
38792

1. PLACE OF DEATH  
County Ray Registration District No. 744  
Township Mo Primary Registration District No. 3035  
City Millwell (No. 2488) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Registered No. 110

2. FULL NAME Mr David 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 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) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 25, 1884  
7. AGE YEARS 51 MONTHS 11 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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. Merchant  
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) Ray County, Missouri  
13. NAME James P. Petty  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri  
15. MAIDEN NAME Aliza Tolava  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, Missouri  
17. INFORMANT Miss Mary Petty (ADDRESS) Millwell, Missouri  
18. BURIAL, CREMATION, OR REMOVAL PLACE Central Cemetery DATE November 2, 1936  
19. UNDERTAKER D. W. Mansfield (ADDRESS) Millwell, Missouri  
20. FILED 11-10 1936 Ray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 31, 1936  
22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 P.  
The principal cause of death and related causes of importance were as follows:  
Acute Dilatation of Heart  
Chronic Bronchial Asthma  
Other contributory causes of importance: \_\_\_\_\_  
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? \_\_\_\_\_ 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) G. E. G. Carver M. D.  
(Address) Richmond, Mo

