

APR 30 1930

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

Do not use this space.

9924

1. PLACE OF DEATH  
County Ray Co. Petty Registration District No. 744  
Township Richmond Primary Registration District No. 3035  
City Richmond (No. ....) St. .... Ward)

File No. ....  
Registered No. 20

2. FULL NAME Benora 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 1865  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
65 1 2

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work \_\_\_\_\_  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Ray Co Mo  
(STATE OR COUNTRY)

PARENTS  
10. NAME OF FATHER Samuel C Davis  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray Co Mo  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Sophionia A. Schooler  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Ray Co Mo

14. INFORMANT Mrs Maggie Shoop  
(Address) Richmond Mo.

15. FILED 3-31-30 E. E. Gay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18 1930 19  
17. I HEREBY CERTIFY, That I attended deceased from 9:30 A.M.  
Mar 17, 1930, to Mar 18, 1930  
that I last saw h. sa alive on Mar. 18, 1930, and that death occurred, on the date stated above, at 7:30 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Apoplexy  
95B  
828  
(duration) .... yrs. .... mos. 2 ds.  
CONTRIBUTORY Cardio - vascular disease  
(SECONDARY) (duration) 10 yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? .... DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Diagnosis  
(Signed) E. E. Gay  
Mar 20 19 30 (Address) Richmond Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Sunny Slope DATE OF BURIAL 3-19-30 19

20. UNDERTAKER W. W. Mann ADDRESS Richmond 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.

WHITE PLAINLY, WITH OUTLINES DRAWING TO A MINIMUM, IN INK

E. G. Ravare D.D.