OCT 24 1927

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

Do not use this space.

26566

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 969

City St. Joseph. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME Lowell S. Petree.

(a) Residence. No. St., Ward. Savannah Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 4Hrs 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.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Vada Petree.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 2, 1890.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
36	11	18	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Road Worker.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer State Highway.

9. BIRTHPLACE (CITY OR TOWN) Fillmore
(STATE OR COUNTRY) Missouri.

PARENTS

10. NAME OF FATHER George B. Petree.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Savannah
(STATE OR COUNTRY) Missouri.

12. MAIDEN NAME OF MOTHER Ellen Snowden.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Savannah
(STATE OR COUNTRY) Missouri.

14. INFORMANT Miss Mabel Petree.
(Address) St. Joseph, Missouri.

15. FILED 9/23, 1927 John D. Yetz SS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 20, 1927

17. I HEREBY CERTIFY, That I attended deceased from Viewed on Sep 20, 1927, to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above, at 6:30p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Basilar Fracture of Skull Resulting from Intaurban Car Striking an Automobile in which he was Riding in Andrew Co Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 208 M (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? Body viewed

WHAT TEST CONFIRMED DIAGNOSIS? View & history

(Signed) J. W. Mays Coroner, M. D

, 19 (Address) St Joseph 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: Savannah Missouri.

DATE OF BURIAL: Sept 24 1927

20. UNDERTAKER: H. O. Siebenfaden

ADDRESS: 1802 Union St.

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.