

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

Do not use this space.

1. PLACE OF DEATH
County Macon Registration District No. 532
Township _____ Primary Registration District No. 4318
City La Plata (No. _____) _____ St. _____ Ward _____

File No. 24406
Registered No. 20

2. FULL NAME Donald Craig Petree
(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 9 13

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

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

PARENTS
10. NAME OF FATHER J. E. Petree
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Clara Phunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Indiana
(STATE OR COUNTRY) Ind.

14. INFORMANT Mrs H. P. Fuller
(Address) Marksville, Mo

15. FILED 7/6 28 C. H. Bursley
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1928

17. I HEREBY CERTIFY, That I attended deceased from June 24, 1928, to July 5, 1928
that I last saw him alive on July 5, 1928, and that death occurred, on the date stated above, at 11 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia with abscess.
108
132.13 (duration) yrs. mos. da. 11

CONTRIBUTORY (SECONDARY) 101A
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) C. H. Bursley, M. D.
7/6 1928 (Address) La Plata 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 Clarens Cemetery DATE OF BURIAL July 8 1928

20. UNDERTAKER D. Christie ADDRESS La Plata Mo

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.

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