

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

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 very important.

29/31

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

Do not use this space.

35312

1. PLACE OF DEATH

County Pettus Registration District No. 668  
Township Petalia Primary Registration District No. 3032  
City Petalia (No. 417) U. Lacey St.          Ward         

File No.           
Registered No. 307

2. FULL NAME

(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 P 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8-1851

7. AGE YEARS 15 MONTHS 8 DAYS 22 IF LESS than 1 day, hrs. or min.

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         

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

FATHER 13. NAME Richard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Paula

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Hornstrom

18. BURIAL, CREMATION, OR REMOVAL PLACE Petalia DATE Nov 23

19. UNDERTAKER (ADDRESS) Illinois

20. FILED 11-2, 1931

J. Lora Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 30, 1931

I HEREBY CERTIFY, That I attended deceased from Jan 18, 1931, to Oct 30, 1931  
Last saw him alive on Oct 30, 1931. Death is said to have occurred on the date stated above, at 4:25 p.m.

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

Chronic Myocarditis ?  
131  
72C1 3/  
Other contributory causes of importance:         

Ch. Bright's Disease ?  
(Interstitial Nephritis)

Name of operation no Date of           
What test confirmed diagnosis? Clinical findings

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury         , 19        

Where did injury occur? None (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?         

If so, specify         

(Signed) J. B. Corneille, M. D.  
(Address) Petalia Mo

