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.

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

Do not use this space.

41165

1. PLACE OF DEATH
County Jackson — Registration District No. 3 9 9
Township Kan — Primary Registration District No. 0 0 0 2 — File No. — Registered No. 5154
City K. C. Mo. (No. 517 No. Prospect St. Ward)

2. FULL NAME Edward Petro
(a) Residence, No. 517 No. Prospect St., 9 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 M
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 Rachy Petro
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 10-1858
7. AGE YEARS 73 MONTHS 2 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
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) Indiana

FATHER
13. NAME Michael Petro
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Ank Stumpf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs. Ida Line 4249 Wyoming ave.
18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood DATE 12-31-31
19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn K.C. Mo.
20. FILED 12/29, 1931 M. M. Crowe Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 29 - 1931
22. I HEREBY CERTIFY, That I attended deceased from Jan. 2 - 1931, to Dec. 29, 1931, I last saw him alive on Dec. 29, 1931, Death is said to have occurred on the date stated above, at 9:30 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	1-2-31
131	
9:30 / 31	

Other contributory causes of importance:

Chronic Nephritis	1-2-31
8	

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) James Middleton, M. D.
(Address) 424 North Montgall ave.