

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

Do not use this space.

1. PLACE OF DEATH

49 County Jasper Registration District No. 417
 11 Township West City Primary Registration District No. 3021
 7 City West City (No. _____) St. _____ Ward _____

File No. 8937
 Registered No. 35

2. FULL NAME

(a) Residence, No. 1221 N. Broadway 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charley Graves</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 1891</u>		
7. AGE	YEARS	MONTHS
	<u>40</u>	<u>7</u>
		DAYS
		<u>17</u>
		IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>295</u>	
	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) <u>Osage Missouri</u>		
FATHER	13. NAME <u>George Petefish</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
MOTHER	15. MAIDEN NAME <u>Mattie Petefish</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Mattie Petefish West City, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Parkland</u>	DATE <u>3/28 1932</u>
19. UNDERTAKER (ADDRESS) <u>West City Burial Co. West City, Mo.</u>		
20. FILED <u>3/78</u> 19 <u>32</u> <u>W. W. Stormont</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-9, 1931, to 3-26, 1932
 I last saw her alive on 3-26 1932 Death is said to have occurred on the date stated above, at 12:50 m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of colon Date of onset _____
46c
46c
 Other contributory causes of importance: (1)

Name of operation Exploration Date of 3-31
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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?
 If so, specify B. Q. Drummond, M. D.
 (Signed) W. W. Stormont
 (Address) West City 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.

APR 27 1932

UNITED STATES GOVERNMENT PRINTING OFFICE: 1927

