

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

Do not use this space.

19872
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1. PLACE OF DEATH

County Clay
Township Liberty
City _____ (No. _____) Ward _____

Registration District No. 201
Primary Registration District No. 5280

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Liberty, Mo. Rtd 3 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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>John Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 18-1872</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>11</u>
	DAYS <u>19</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>House wife</u>	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>self</u>	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Savannah Mo.</u>		
FATHER	13. NAME <u>Andrew Pethjohn</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Harriett Kirkpatrick</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis Mo.</u>	
17. INFORMANT (ADDRESS) <u>John Smith, Liberty Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo</u> DATE <u>6/19/34</u>		
19. UNDERTAKER (ADDRESS) <u>Church Archer Co Liberty Mo</u>		
20. FILED <u>6/8 34 E T Brand Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1934

22. I HEREBY CERTIFY, That I attended deceased from June 4 1932, to June 7 1934
I last saw her alive on July 6 1934 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Date of onset 1932

Parkinson's Disease

Other contributory causes of importance:
8753

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) Raymond Maltby, M. D.
(Address) Liberty 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 13 1934

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The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-mentioned land. The land is situated in
 the County of [County Name], State of [State Name]. The land
 is described as follows: [Description of land, including acreage,
 location, and any other relevant details]. The land is owned by
 [Owner Name], who is the [Relationship to land, e.g., owner, lessee].
 The land is subject to the following conditions: [List of conditions,
 including any easements, restrictions, or other legal encumbrances].
 The land is being offered for sale by the Department of the Interior,
 Bureau of Land Management, and is available for purchase by the
 public. The land is being sold in accordance with the provisions of
 the [Relevant Law or Regulation]. The land is being sold for the
 purpose of [Purpose of sale, e.g., disposal of public lands]. The
 land is being sold for the sum of [Sale Price]. The land is being
 sold on the [Date of Sale]. The land is being sold at the [Location
 of Sale]. The land is being sold by the [Name of Seller]. The
 land is being sold in accordance with the provisions of the [Relevant
 Law or Regulation]. The land is being sold for the purpose of
 [Purpose of sale]. The land is being sold for the sum of [Sale
 Price]. The land is being sold on the [Date of Sale]. The land
 is being sold at the [Location of Sale]. The land is being sold
 by the [Name of Seller].