

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.

JUN 21 1935

12612

1. PLACE OF DEATH

County Harrison  
Township Estman  
City Estman (No. \_\_\_\_\_)

Registration District No. 338  
Primary Registration District No. 54261

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Mathene Petherton

(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. 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>William J. Petherton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 13 - 1855</u>		
7. AGE	YEARS	MONTHS
	<u>79</u>	<u>5</u>
		DAYS
		<u>18</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Hairdresser</u>		
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) <u>Jan 1, 35</u>		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Napier Mo</u>		
13. NAME <u>George Beas</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>		
15. MAIDEN NAME <u>Angelina Beas</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>		
17. INFORMANT <u>William J. Petherton</u> (ADDRESS) <u>Estman City Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hill cemetery</u> DATE <u>April 6 - 1935</u>		
19. UNDERTAKER <u>W. D. Skinner</u> (ADDRESS) <u>Estman Mo</u>		
20. FILED <u>6/5</u> 19 <u>35</u> <u>W. O. O'Leary</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9 1935

22. I HEREBY CERTIFY, That I attended deceased from March 25 1935 to April 9 1935.  
I last saw her alive on April 9 1935. Death is said to have occurred on the date stated above, at 2:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Hyperacute chronic leukemia

Other contributory causes of importance:  
Cerebral hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? di. h. ur. 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. A. Miller M. D.  
(Address) Estman Mo

