JAN 18 1936

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

Do not use this space.

40558

1. PLACE OF DEATH
County: Perry
Township: Brazeau
City: (No. St. Ward)
Registration District No.: 657
Primary Registration District No.: 5874
File No.:
Registered No.: 19

2. FULL NAME: Friedrich Petzoldt
(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: Male
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~~): Linda Katherine Ernestine Petzoldt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4th 1864

7. AGE: Years 74 | Months 8 | Days 29 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer (Retired)
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm
10. Date deceased last worked at this occupation (month and year): 1927
11. Total time (years) spent in this occupation: 40

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

FATHER
13. NAME: Florian Friederich Petzoldt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany

MOTHER
15. MAIDEN NAME: Johanna Christiana Wennel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saxony Germany

17. INFORMANT (ADDRESS): Mrs. Fred Petzoldt Altenburg Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Altenburg Mo. DATE: Dec. 7th 1935

19. UNDERTAKER (ADDRESS): Tonny & Fennick Perryville Mo.

20. FILED: 12-4- 1935 Adolph G. Schmidt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 3rd 1935

22. I HEREBY CERTIFY, That I attended deceased from December 3rd, 1935, to December 3rd, 1935
I last saw h. in alive on December 3rd, 1935. Death is said to have occurred on the date stated above, at 4:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	12 hours

Other contributory causes of importance:

Name of operation: None Date of:
What test confirmed diagnosis? Ex + history 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) Theodore Fischer, M. D.
(Address) Altenburg, 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.

WRITE PLAINLY, WITH INFADING INK—THIS IS A PERMANENT RECORD