

APR 18 1936

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

Do not use this space.

10370

## 1. PLACE OF DEATH

County Howard Registration District No. 878 File No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 4222 Registered No. 19  
City Fayette (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Annie Elizabeth Petrie.

(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 Female 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 John Petrie,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5/17th 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 10 11

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.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

13. NAME Samuel D. Barnett,

14. BIRTHPLACE (CITY OR TOWN) Missouri.  
(STATE OR COUNTRY)

15. MAIDEN NAME Sarah Sipple,

16. BIRTHPLACE (CITY OR TOWN) Kentucky.  
(STATE OR COUNTRY)

17. INFORMANT John Petrie,  
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Ridge. DATE 3/16th 1936

19. UNDERTAKER Guy T. Halley.  
(ADDRESS) Fayette, Mo.

20. FILED Apr. 8 1936 V. C. Bonham  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/15th 1936 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7, 1936, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on 3-15, 1936. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:

Empyema of R. Chest Date of onset 3-10-36  
Influenza

Other contributory causes of importance: Chronic Bright's Disease 1925  
Influenza 3-15-36

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Tap 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? no  
If so, specify \_\_\_\_\_

(Signed) W. Bloom, M. D.  
(Address) Fayette, 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.

