

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

Do not use this space.

31501

1. PLACE OF DEATH

County Lafayette
 Township Concordia
 City Concordia (No. St. Ward)

Registration District No. 457
 Primary Registration District No. 4971

File No.
 Registered No. 91

2. FULL NAME

(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 Meta Petering

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 3 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 25

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. Retired Rural

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mail Carrier

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) Johnson Co Missouri

13. NAME Peter Petering

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

15. MAIDEN NAME Anna Lehenkamp

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

17. INFORMANT (ADDRESS) Irvy Petering
Concordia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Worshipful Cem DATE Aug 30 36

19. UNDERTAKER (ADDRESS) A. F. Seussling
Concordia Mo

20. FILED Aug 30 1936 Edmund Shryman
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 28 1936

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 6:00 A. m.

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

Thrombosis lodged in valves right heart Date of onset

Other contributory causes of importance:

Endocarditis

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

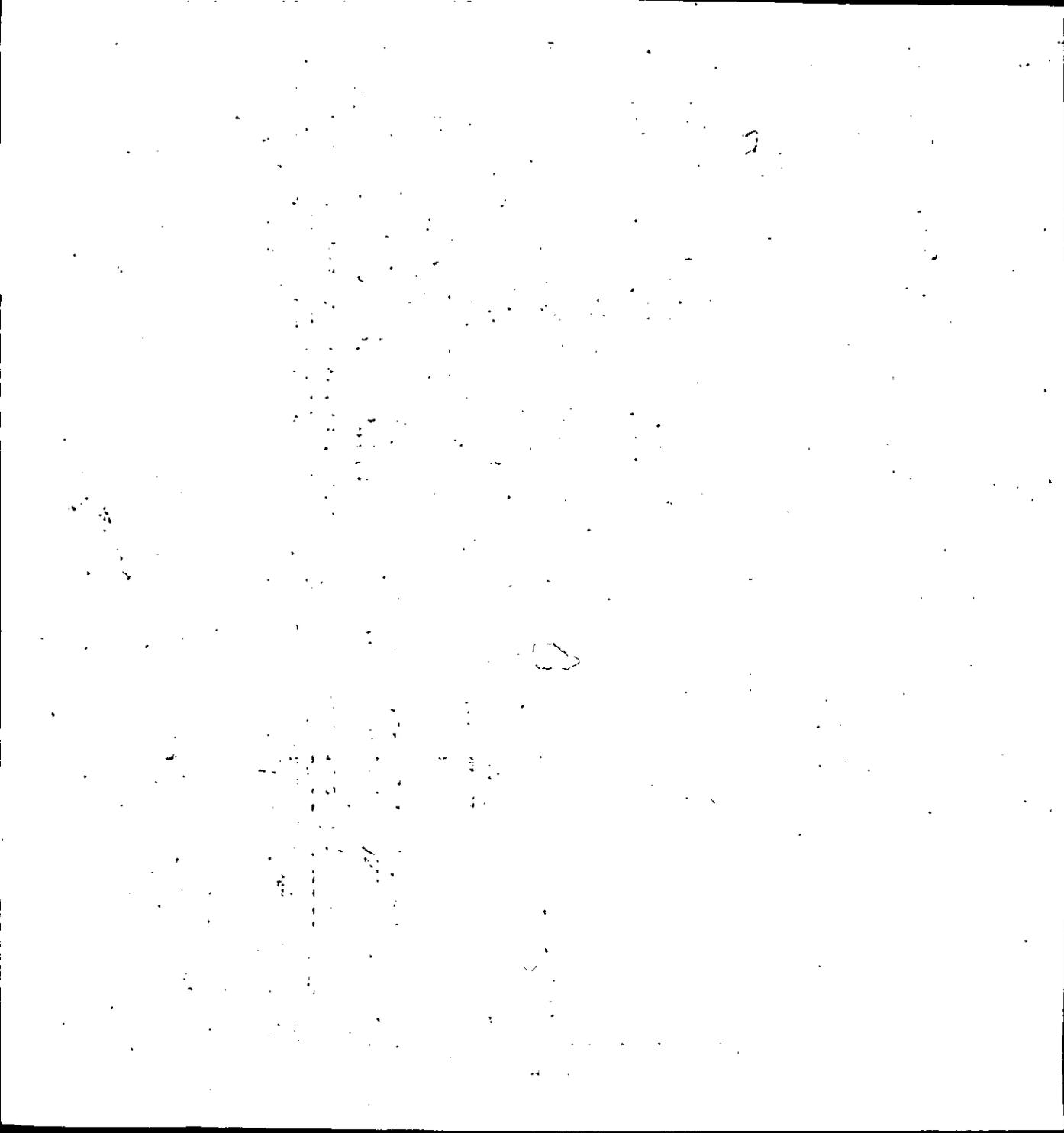
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide.....
Man was walking on street when he died

Where did injury occur?..... (Specify city or town, county, the State)
 Specify whether injury occurred in industry, at 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) E. J. Huston Coroner D.
 (Address) Concordia



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1. PLACE OF DEATH

County Lafayette
Township.....
City Concordia (No..... St..... Ward)

Registration District No. 457
Primary Registration District No. 4297

File No.....
Registered No.....

2. FULL NAME

William H. Petering

(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 m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 11 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED Aug 30 1936 Berdinand Shryma Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... 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

Other contributory causes of importance:

Endocarditis
chronic

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide?..... Date of injury.....

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) E. J. Johnston, Cor. M.D.
(Address) Concordia, Mo.

S-31501