

OCT 1 1936

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County North
 Township Smith
 City Albion (No. 1)

Registration District No. 903V
 Primary Registration District No. 1

File No. 33493

Registered No. _____ St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode)

Length of residence in city or town where death occurred 30 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Thomas Petry
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14 1858
 7. AGE YEARS 78 MONTHS 7 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lined with children
 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) Aug 1923 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albion, Mo.13. NAME John Thomas Petry14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albion, Mo.15. MAIDEN NAME Sarah Hopkins16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Albion, Mo.17. INFORMANT Mrs. Fred M. M. M. (ADDRESS) Albion, Mo.18. BURIAL, CREMATION, OR REMOVAL Albion, Mo. PLACE Albion, Mo. DATE 8/17/3619. UNDERTAKER John C. Dwyer (ADDRESS) Albion, Mo.20. FILED 9.9.36 Albion, Mo.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 193622. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1936 to Aug 16, 1936I last saw him alive on Aug 15, 1936 Death is saidto have occurred on the date stated above, at 6 A. M.

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

Paralysis of body
left side of body
Heart disease
Senility

Other contributory causes of importance: 6

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? _____

If so, specify _____

(Signed) John C. Dwyer, M. D.(Address) Albion, 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.

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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Worth

Registration District No. 903

Township Smith

Primary Registration District No. 6211

City (No.)

File No.
Registered No.
St. Ward

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

7

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

W

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.

78

7

5-

OCCUPATION

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

9-7

19

86 2nd Mull Mo.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Aug 6 1936

22. I HEREBY CERTIFY, That I attended deceased from

19 , to , 19

I last saw 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:

Paralysis of left Date of onset

side of body

Chronic Hypertension

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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?

If so, specify

(Signed) John Andrews

(Address)

 , M. D.

S-33493