FEB 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Howell — Registration District No. 1110 — File No. 1154

46 Township Siloam Springs — Primary Registration District No. 5541 — Registered No. 1

City ..... (No. ..... St. ..... Ward)

2. FULL NAME ISAAC NEWTON PETREY

(a) Residence, No. Willow Springs, Mo. Rt. 1. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 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: Parkee Petrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 2nd, 1861

7. AGE: 75 YEARS — MONTHS: 4 — DAYS: 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farming
10. Date deceased last worked at this occupation (month and year): 1932
11. Total time (years) spent in this occupation: 65 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Davis Co. Ky.

FATHER
13. NAME: Silas Petrey
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER
15. MAIDEN NAME: ~~Bettie~~ Liddy Anne Wardlow.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Can't say.

17. INFORMANT (ADDRESS): Roy Petrey

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dry Creek Cemetery DATE 1/18/37, 19

19. UNDERTAKER (ADDRESS): Robertson West Plains Mo

20. FILED Jan 29, 1937 Mrs Gladys Foster Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/11/37, 19, to 1/17/37, 19

I last saw him alive on 1/15/37, 19 Death is said to have occurred on the date stated above, at 9:45 A.M.

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

	Date of onset
Pneumonia, lobar, left, acute	1/9/37

Other contributory causes of importance:

Influenza, acute	1/7/37

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) [signature], M. D.

(Address) West Plains, Mo.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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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