

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Stone
Township Stone
City Stone (No. 7)

Registration District No. 842
Primary Registration District No. 6104

File No. 4637
Registered No. 4637
St. Stone Ward 1

2. FULL NAME

(a) Residence, No. Bulah Brosseau St. Stone Ward 1
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 22 1916

7. AGE YEARS 20 MONTHS 7 DAYS 5 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) Stone, Mo

13. NAME Fahin R Petrick

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

15. MAIDEN NAME Lillie Petrick

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

17. INFORMANT (ADDRESS) Fred Brosseau
Crane mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield DATE 1 28 37

19. UNDERTAKER (ADDRESS) W. H. Manslow
Stone

20. FILED 1-28-1937 Mrs Ethel Duggitt

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1937, to 1-27, 1937

I last saw him alive on 1-27, 1937. Death is said

to have occurred on the date stated above, at 5 9 m.

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

Double Pneumonia Date of onset

Other contributory causes of importance:

Influenza
Child birth

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) JCR Duggitt, M. D.

(Address) Crane mo

