

APR 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Grundy
Township Wilson
City Laredo (No. _____)

Registration District No. 329
Primary Registration District No. 397-P.3

File No. 12015
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Roy Granville Peterie

(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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Estella Peterie</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 15 1887</u>		
7. AGE	YEARS	MONTHS
<u>49</u>	<u>2</u>	<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
<u>Laborer</u>		
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Laredo Grundy Co. Mo.</u>		
13. NAME <u>Hiram Olin Peterie</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grundy Co</u>		
15. MAIDEN NAME <u>Rebecca Jane Muter</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Murphy Ind</u>		
17. INFORMANT <u>Eldon Peterie</u> (ADDRESS) <u>Laredo 7710.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richardson</u> DATE <u>3-9</u> 19 <u>37</u>		
19. UNDERTAKER <u>E. J. Robertson</u> (ADDRESS) <u>Laredo Mo</u>		
20. FILED <u>3-22</u> 19 <u>37</u> <u>J. B. Humphreys</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-6 1937

22. I HEREBY CERTIFY, That I attended deceased from Wounded by bullet 1937
I last saw h. alive 1937 Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound through mouth and into the brain Date of onset _____

Other contributory causes of importance: 167

Name of operation None 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? suicide Date of injury Mar 2, 1937
Where did injury occur? Laredo Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at his home

Manner of injury gunshot wound by self
Nature of injury bullet wound in brain

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. B. Humphreys - coroner M. D.
(Address) Laredo 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.

