

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

Do not use this space.

**MAY 31 1937**

17268

1. PLACE OF DEATH: 2 County Franklin Registration District No. 685  
2 Township Clarksville Primary Registration District No. 12409  
4 City Clarksville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Mary Elizabeth Petzer  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 5A. IF WIDOWED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE-OF Wm Petzer  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 13 - 1849  
 7. AGE YEARS 88 MONTH 2 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 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) Herrington Mo  
 FATHER 13. NAME William Triplett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky  
 MOTHER 15. MAIDEN NAME Cynthia Ann Chaptman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 17. INFORMANT (ADDRESS) Mrs. A. S. Bridge  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville DATE Mo 19.  
 19. UNDERTAKER (ADDRESS) Clarksville Mo  
 20. FILED Apr 30 1937 H. V. Treat Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 11, 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1936 to April 11, 1936  
 I last saw her alive on April 11, 1937. Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of bowels (Date of onset unknown)  
 Other contributory causes of importance: none  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) E. M. Barlett, M. D.  
 (Address) Clarksville 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.

