446

REC'D APR 14 1938

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

Do not use this space.

1. PLACE OF DEATH
11 County Buchanan 2
5 Township
7 City St Joseph (No. State Hosptl. #2 St. Ward)

Registration District No. 85
Primary Registration District No. 1001

File No. 10133
Registered No. 270

2. FULL NAME Nora B. Peterie
(a) Residence, No. Livingston County St. Ward. Livingston Co Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. 7 mos. 12 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 Mrs N. B. Peterie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-31-1876

7. AGE YEARS 61 MONTHS 2 DAYS 1 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Druggist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Personal Pharmacy
10. Date deceased last worked at this occupation (month and year) 1924
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo.

FATHER
13. NAME Harry L Peterie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co, Ill.

MOTHER
15. MAIDEN NAME Lucinda Stucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grundy Co Mo

17. INFORMANT (ADDRESS) State Hosp Records St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn DATE March 10th 1938

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED 3/10 1938 H. J. Hettebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1935 to March 2, 1938
I last saw him alive on March 2, 1938. Death is said to have occurred on the date stated above, at 4 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	Indef
Other contributory causes of importance:	
Manic Depressive Psychosis	1924

23.

Name of operation None Date of
What test confirmed diagnosis? X Ray 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. E. DeLong, M. D.
85 (Address) State Hosp #2

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.

WHITE PEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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