

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

21908
Do not use this space.

1. **PLACE OF DEATH** Brandy Trenton Trenton 328
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(a) County Brandy Registration District No. 328
(b) Township Trenton Primary Registration District No. 3017 Registered No. _____
(c) City Trenton (d) Street No. Wright Memorial Hospital St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. **PRINT FULL NAME** FLOYD NATHANIEL PETERIE 360
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 11 _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) 6 - 1938 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laredo MO

FATHER 13. NAME David N Peterie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brandy Co. Mo.

MOTHER 15. MAIDEN NAME Ora M. Anderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laredo MO

17. INFORMANT (ADDRESS) David N Peterie Laredo Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Laredo Cemetery DATE June 19 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. J. Robertson Laredo Mo.
20. FILED 6-18 1938 Jesse D. Fair Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-17 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-16 1938 to 6-17 1938

I last saw him alive on 6-17 1938. Death is said to have occurred on the date stated above, at 4:45 m.

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

Fractured skull with marked Right Lung due to Auto accident.
Date of onset 6/16/38

Other contributory causes of importance: 210 m

Name of operation none 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? accident Date of injury 6-16, 1938
Where did injury occur? near Laredo Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury on High way
Nature of injury Auto rifle collision

24. Was disease of injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Ray J. Gray 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

E. J. Robertson

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

E. J. Robertson

Licensed Embalmer No. *2468*

P. O. Address *Farede, Md.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.