

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

Do not use this space.

10243

File No. _____
Registered No. 3
St. _____ Ward _____

1. PLACE OF DEATH

County Swingston Registration District No. 512
Township Monroeville Primary Registration District No. 737D
City Monroeville (No. _____) St. _____ Ward _____

2. FULL NAME THOMAS George PETRIE

(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 30 yrs. 1 mos. 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 IDA L. PETRIE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 27 - 1856

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>76.</u>	<u>7</u>	<u>23.</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Minister
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) RICHMOND
(STATE OR COUNTRY) RAY CO - MO.

10. NAME OF FATHER George Petrie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) RICHMOND
(STATE OR COUNTRY) RAY COUNTY MO

12. MAIDEN NAME OF MOTHER WATKINSON

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) RICHMOND
(STATE OR COUNTRY) RAY COUNTY MO.

14. INFORMANT Ida L. Petrie
(Address) Monroeville, MO.

15. FILED 3/13 1933 Amos Caputer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MARCH 22 - 1933

17. I HEREBY CERTIFY, That I attended deceased from _____ 1933, to Mar 22, 1933 that I last saw him alive on Mar 19, 1933, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency

(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clumped
(Signed) G.W. Caputer, M. D.

3/23, 1933 (Address) Utica Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Monroeville Mo DATE OF BURIAL 3-24 1933

20. UNDERTAKER F. B. Norman Chillicothe Mo ADDRESS _____

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.

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