WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JAN 2 1935

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

Do not use this space.

File No. 45625

Registered No. 33

Registration District No. 884

Primary Registration District No. 6176

1. PLACE OF DEATH
County: Warren
Township: Charrett
City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Frederick Oly. Anton Petting

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: M.
4. COLOR OR RACE: W.
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): Nov 25-1852

7. AGE: Years 82 | Months 0 | Days 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer.
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): Near Warrenton Missouri

FATHER
13. NAME: George Petting
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Caroline Wehrman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): George Petting Warrenton Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lipperteth Cem. DATE: 12/19th, 1934

19. UNDERTAKER (ADDRESS): F O Fischer Wantagfing Mo

20. FILED: Dec 17, 1934 H C Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12/16th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to Dec 16th, 1934
I last saw him alive on Dec 15, 1934. Death is said to have occurred on the date stated above, at 10/14 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	Several years
Myocarditis	Several years

Other contributory causes of importance:
Senility

Name of operation: no Date of:
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) John A. Dyer, M. D.
(Address) Warrenton Mo