

SEP 26 1935

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

Do not use this space.

28370

1. PLACE OF DEATH

County Saline Registration District No. 796
Township North Primary Registration District No. 3038
City Marshall, Mo. (No. Fitzgibbon Hospital) St. _____ Ward)

File No. _____
Registered No. 125

2. FULL NAME

Charles Tate Petry
(a) Residence, No. 413 N. Jefferson St. _____
(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

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1883
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
52 4 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. general contractor
10. Date deceased last worked at this occupation (month and year) _____ II. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion, Mo.

13. NAME Charles Petry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York, Pa.

15. MAIDEN NAME Ada M. Stebbins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union, Mo.

17. INFORMANT Miss Charles Petry
(ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge P. Cemetery DATE Aug. 19, 1935

19. UNDERTAKER J. E. ...
(ADDRESS) Marshall, Mo.

20. FILED Aug. 13, 1935 Wiley Huston
Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1935
22. I HEREBY CERTIFY, That I attended deceased from July 21, 1935, to Aug 12, 1935
I last saw him alive on Aug 12, 1935. 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:

Pulmonary Oedema
Coronary Occlusion
Other contributory causes of importance _____
Date of onset 8-9-35
9/21/35

Name of operation _____ Date of _____
What test confirmed diagnosis? Cloned Was there an autopsy? Yes

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? Yes
If so, specify _____

(Signed) J. H. ..., M. D.
(Address) Marshall, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

