OCT 21 1936

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

Do not use this space.

34323

1. PLACE OF DEATH

County JACKSON — Registration District No. 398 — File No.

Township — Primary Registration District No. 3019 — Registered No. 317

City INDEPENDENCE (No. 1233 S. PLEASANT St. Ward)

2. FULL NAME EMMA C. PETRE

(a) Residence, No. 1233 S. PLEASANT St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
FEMALE	WHITE	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF JOHN FRED PETRE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 7, 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	61	6	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE

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) POLLOCK MISSOURI

FATHER

13. NAME HENRY WELLS

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

MOTHER

15. MAIDEN NAME NO RECORD

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NO RECORD

17. INFORMANT (ADDRESS) CLARENCE L. PETRE 409 W. SOUTH SIDE BLVD. INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE KNOBNOSTER, MO. DATE 9 - 18 - 36, 19

19. UNDERTAKER (ADDRESS) STAHL'S FUNERAL HOME. 815 W. MAPLE AVE. INDEPENDENCE, MO.

20. FILED 9-22-1936 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 16, 1936, 19

22. I HEREBY CERTIFY That I attended deceased from Sept. 17, 1936 to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:30A. a.m.

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

Chronic Thrombosis

94 Hrs

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

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) [signature], M. D.

(Address) [signature]

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.

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

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