

SEP 29 1936

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

Do not use this space.

32069

1. PLACE OF DEATH

County Ray
Township RICHMOND
City RICHMOND (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 83
St. _____ Ward _____

2. FULL NAME

MARION C. PETHUS

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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 ANNA PETHUS

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 16, 1847

7. AGE YEARS 89 MONTHS 2 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Ray CO

MOTHER 13. NAME Joseph Pethus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

15. MAIDEN NAME MARY ANNE HAMILTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

17. INFORMANT (ADDRESS) Anna Pethus Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond DATE 8-20-1936

19. UNDERTAKER (ADDRESS) C. M. JOINER RICHMOND

20. FILED 9-9 1936 E. E. May Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Aug 19, 1936. I last saw him alive on Aug 19, 1936. Death is said to have occurred on the date stated above, at 10:15 am.

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

Chronic Nephritis Date of onset Jan 1935
131

Other contributory causes of importance:
Prostatic obstruction 1936

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy Exam Where 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? No
If so, specify _____
(Signed) Thos. J. Coon, M. D.
(Address) Richmond, 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.

