

1. PLACE OF DEATH Primary Dist. No. 82  
 County Somerset  
 Township North Hampton  
 Borough \_\_\_\_\_  
 City \_\_\_\_\_

**C E OF DEATH**

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a HOSPITAL or INSTITUTION, give the NAME instead of street and number)

Length of residence in city or town where death occurred 29 yrs. \_\_\_ mos. \_\_\_ days. How long in U. S., if of foreign birth? \_\_\_ yrs. \_\_\_ mos. \_\_\_ days.  
 (IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

2. FULL NAME (type or print) Flora Petenbrink  
 Residence: No. Sand Patch, R.D. #1 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give place, county, and State)

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL	OF DEATH
3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	21. DATE OF DEATH (month, day, and year) <u>8/26</u> 19 <u>38</u>	
20. If married, widowed, or divorced HUSBAND of <u>Peter</u> (or) WIFE of <u>Petenbrink</u>			22. I HEREBY CERTIFY, That I attended deceased from <u>8/26</u> 19 <u>38</u> , to <u>8/26</u> 19 <u>38</u> . I last saw <u>her</u> alive on <u>8/26</u> 19 <u>38</u> ; death is held to have occurred on the date stated above, at <u>9 P.</u> m.	
6. DATE OF BIRTH (month, day, and year) <u>APR. 7, 1859</u>			The principal cause of death and related causes of importance were as follows:  <u>Cardio-Renal Disease</u>  <u>95</u> <u>97</u> <u>Arteriosclerosis</u> <u>Myofibrillar</u>	
7. AGE Years <u>79</u> Months <u>4</u> Days <u>13</u> If LESS than 1 day, ___ hrs. or ___ mins.				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		Date of onset _____	
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>"</u>			
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) <u>Somerset Co., Pa.</u>				
FATHER	13. NAME <u>Andrew Kenne, Pa.</u>			
	14. BIRTHPLACE (city or town) (State or Country) <u>Pennsylvania</u>			
MOTHER	15. MAIDEN NAME <u>Lydia Boyer</u>			
	16. BIRTHPLACE (city or town) (State or Country) <u>Somerset Co., Pa.</u>			
17. SIGNATURE (name and address) OF INFORMANT <u>Flora Petenbrink</u> <u>Sand Patch, R.D. #1</u>				
18. BURIAL, CREMATION, OR REMOVAL: Date <u>AUG. 29, 1938</u> Place <u>White Oak</u> County <u>Somerset</u> State <u>Pa.</u>				
19. UNDERTAKER (name and address) <u>H. P. Konbars</u> <u>Meyersdale, Pa.</u>				
23. FILED <u>Aug. 27, 1938</u> <u>Emily Allen</u> Registrar.				
25. If death was due to external cause (Violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 <u>38</u> 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) <u>William J. Logue</u> M. D. (Address) <u>Meyersdale</u> D. O.				