

PLACE OF DEATH  
 County Somerset  
 Township Larmer **C** **E OF DEATH** Registered No. 62  
 Borough \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 City \_\_\_\_\_ (If death occurred in a HOSPITAL or INSTITUTION, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ days.  
 (IF U. S. VETERAN, COMPLETE REVERSE SIDE OF CERTIFICATE)

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

PERSONAL AND STATISTICAL PARTICULARS					MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Widowed</b>			21. DATE OF DEATH <u>Oct. 10</u> , 19 <u>40</u> (month, day, and year)	
6. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Flora Petenbrink</u>				22. I HEREBY CERTIFY, That I attended deceased from <u>Oct. 10 A.M.</u> , 19 <u>40</u> , to <u>Oct. 10 P.M.</u> , 19 <u>40</u> I last saw him alive on <u>Oct. 10</u> , 19 <u>40</u> ; death is said to have occurred on the date stated above, at <u>10:20 P.</u> m.		
7. DATE OF BIRTH (month, day, and year) <u>Sept. 30, 1854</u>				The principal cause of death and related causes of importance were as follows: <u>Chronic Prostateitis</u>		Date of onset <u>About 1938</u>
8. AGE Years <u>86</u> Months <u>0</u> Days <u>19</u> If LESS than 1 day, _____ hrs. or _____ mins.		9. Trade, profession, or particular kind of work done, as spinner, mawyer, bookkeeper, etc.		10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired farmer</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>						
13. NAME <u>Christian Petenbrink</u>						
14. BIRTHPLACE (city or town) (State or Country) <u>Germany</u>						
15. MAIDEN NAME <u>Annie (unknown)</u>						
16. BIRTHPLACE (city or town) (State or Country) <u>Germany</u>						
17. SIGNATURE OF INFORMANT <u>H. P. N. Orhave</u>						
18. Address <u>Sand Patch, Pa. H.D. # 1</u>						
19. FUNERAL, CREMATION, OR REMOVAL: Date <u>Oct. 22</u> , 19 <u>40</u> Place <u>White Oak</u> County <u>Somerset</u> State <u>Penna</u>						
20. BURIAL (name and address) <u>H. P. N. Orhave</u> <u>Konhaus, - Meyersdale, Pa.</u> <u>Oct. 22, 1940</u> <u>Besse Dickey</u> Registrar.						
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>XX</u> Date of Injury <u>XX</u> , 19 <u>40</u> Where did injury occur: <u>XX</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place: <u>XX</u> Manner of Injury <u>XX</u> Nature of Injury <u>XX</u>				Other contributory causes of importance: <u>Cnility</u>		
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____ (Signed) <u>H. P. N. Orhave</u> M. D. <u>Oct 21 1940</u> (Address) <u>Meyersdale, Pa.</u> D. O.						