

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>	
8. AGE Years: <u>86</u> Months: <u>0</u> Days: <u>19</u> If LESS than 1 day, _____ hrs. or _____ mins.				Date of onset <u>About 1938</u>	
9. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc.				Other contributory causes of importance: <u>Enlity</u>	
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired farmer</u>				Name of operation <u>XX</u> Date of <u>XX</u> What test confirmed diagnosis? <u>Physical</u> Was there an autopsy? <u>no</u>	
11. Date deceased last worked at this occupation (month and year)				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>	
12. BIRTHPLACE (city or town) (State or Country) <u>Somerset, Co. Pa.</u>				Manner of Injury <u>XX</u> Nature of Injury <u>XX</u>	
13. NAME <u>Christian Petenbrink</u>				24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify _____	
14. BIRTHPLACE (city or town) (State or Country) <u>Germany</u>				(Signed) <u>A. W. Wenzel</u> M. D. Oct. 21, 1940 (Address) <u>Meyersdale, Pa.</u> D. O.	
15. MAIDEN NAME <u>Annie (unknown)</u>				Register.	
16. BIRTHPLACE (city or town) (State or Country) <u>Germany</u>					
17. SIGNATURE OF INFORMANT <u>A. W. Wenzel</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. R. K. Orhave</u>					
<u>Konhaus, - Meyersdale, Pa.</u>					
<u>Oct. 22, 1940</u> <u>Besse Dickey</u>					