JUL 25 1927

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

Do not use this space.

File No. 17558

Registered No. 393

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 104 South 20th. St. Ward)

2. FULL NAME Betty Elizabeth Peters,

(a) Residence. No. 104 South 20th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 47 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	Single,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 7th. 1878

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	48	5	29	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Center County,
(STATE OR COUNTRY) Pennsylvania,

PARENTS

10. NAME OF FATHER Joseph Peters,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Center, Co.,
(STATE OR COUNTRY) Pennsylvania,

12. MAIDEN NAME OF MOTHER Sarah Curry, b

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Center Co.,
(STATE OR COUNTRY) Pennsylvania,

14. INFORMANT Miss Mary Peters
(Address) 104 South 20th. Street.

15. FILED JUN 7, 1927 John G. Jeth, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 6, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 30, 1927, to June 5, 1927 that I last saw her alive on June 5, 1927, and that death occurred, on the date stated above, at 2:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Paren. Nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Frank Hartman, M. D.

June 6, 1927 (Address) King Hill Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Ashland Cemetery — DATE OF BURIAL June 7th, 1927

20. UNDERTAKER Heaton-Bergdoll Und Co. by J. H. Hare — ADDRESS 319 S. 10 St

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.

THIS CERTIFICATE MUST BE FILED WITHIN TWENTY-FOUR HOURS AFTER DEATH. FAILURE TO FILE IS A PERMANENT RECORD