

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

Do not use this space.

404^A

JAN 17 1928

PLACE OF DEATH

County: Cape Girardeau Registration District No. 125
Township: Cape Primary Registration District No. 3
City: North (No. 5178) St. _____ Ward _____

File No. 1005
Registered No. _____

2. FULL NAME Alma Elizabeth Peery
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 13 1917
7. AGE 10 YEARS MONTHS 4 DAYS IF LESS than day, 0 hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) School Girl
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Flat River Mo
(STATE OR COUNTRY)

10. NAME OF FATHER J. L. Peery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Fredricktown Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mimie Walton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stoddard Co Mo
(STATE OR COUNTRY)

14. INFORMANT L. O. Peery
(Address) Chaffee Mo

15. FILED 14 19 27 W. Knauff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1928
17. I HEREBY CERTIFY That I attended deceased from Nov 1 19 27 to Jan 3 19 28 that I last saw h. ex alive on Jan 3 19 28 and that death occurred, on the date stated above, at 2 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute ludo Carditis
91A
57A
(duration) 3 mos. 0 ds.
CONTRIBUTORY Poly Arthritis
(SECONDARY) (duration) 4 yrs. 4 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED 810
(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) W. D. Finley M. D. Chaffee Mo
1928 (Address)
*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 Dutchtown, Mo DATE OF BURIAL 1-5 1928

20. UNDERTAKER H. J. Stubbs ADDRESS Chaffee Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. APPROX. AGE should be stated EXACTLY. PHYSICIANS should state

