MAR 21 1928

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

Do not use this space.

7447

1. PLACE OF DEATH
County Shelby — Registration District No. 831 — File No.
Township Black Hawk — Primary Registration District No. 4604 — Registered No. 7
City Shelbyville (No. ..... St. ..... Ward)

2. FULL NAME Mary Catherine Peacher
(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 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 (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 1 1858

7. AGE: Years 69 — Months 2 — Days 26 — If LESS than 1 day, ... hrs. or ..... min.

27
58
69

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelby Co. Mo

PARENTS
10. NAME OF FATHER: Madison Freeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Nannie Blackford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: J. M. Peacher
(Address): Shelbyville, Mo

15. FILED Feb 28 1928 Mrs C S Baker Dep
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 27, 1928, to Feb 27, 1928 that I last saw her alive on Feb 27, 1928, and that death occurred, on the date stated above, at 1205 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82 R
102
7441
(duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY): Hypertension
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? X
0 DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) P. C. Archer, M. D
2-28, 1928 (Address) Shelbyville Mo

*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: I.O.O.F. Cemetery — DATE OF BURIAL: Feb-29 1928

20. UNDERTAKER: J. H. Thompson Bros — ADDRESS: Shelbyville Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.