

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

Do not use this space.

30971

1. PLACE OF DEATH

County Jasper

Registration District No. 411

File No. _____

Township _____

Primary Registration District No. 3002

Registered No. 453

City Joplin (No. 2118)

Street Burd

St. _____ Ward _____

2. FULL NAME

Edith D Peel

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

Geo. Peel

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

July 23 - 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, <u>hrs.</u> or <u>min.</u>
<u>52</u>	<u>10</u>	<u>21</u>	

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) V

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

W H Butts

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER

Marion Post

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) no Record

14.

INFORMANT Geo Peel
(Address) Joplin Mo

15.

FILED 10-27-28 1928 Dr. Benson Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10, 25 1928

17. I HEREBY CERTIFY That I attended deceased from about
July, 1928, to Oct 25, 1928
that I last saw him alive on Oct 25, 1928, and that
death occurred, on the date stated above, at 6 P M.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the Tuberc
and uterus
(duration) yrs. mos. da.

CONTRIBUTOR (SECONDARY)

46
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONCLUDED DIAGNOSTIC _____

(Signed) H C Powers, M. D.
10/26, 1928 (Address) Joplin 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

Fairview DATE OF BURIAL 10/27 1928

20. UNDERTAKER

Hughes & Co ADDRESS Joplin Mo

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.

WRITE PLAINLY, WITH OBTAINING INFORMATION TO A TELETYPE INSTRUMENT RECORD

