

APR 30 1929

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

Do not use this space.

12030

1. PLACE OF DEATH

County *St. Clair*
Township *Appleton*
City *Appleton City* (No.)

Registration District No. *761*
Primary Registration District No. *4456*

File No.
Registered No.
St. Ward)

2. FULL NAME *Virginia Ethel Peet*

(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)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 27 - 1915*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 4 9

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)

9. BIRTHPLACE (CITY OR TOWN) *Kansas City Kan*
(STATE OR COUNTRY) *Kan*

10. NAME OF FATHER *Joseph H Peet*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Chic*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Ethel Sifers*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Osatha*
(STATE OR COUNTRY) *Kans*

14. INFORMANT *Hugh E Sifers*
(Address) *Osatha Kans*

15. FILED *Mch 9 1929 W. Clive M.D*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Mch 6 1929*

17. I HEREBY CERTIFY, That I attended deceased from *Mch 4 1929* to *Mch 6 1929* that I last saw him alive on *Mch 6 1929*, and that death occurred, on the date stated above, at *11.9 a.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

97 A
11 B *Chlorosis* (duration) yrs. mos. da.
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *H. Sifers*, M. D
, 19 (Address) *Appleton City Mo*

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Appleton City Cem* DATE OF BURIAL *3-10 1929*

20. UNDERTAKER *R. R. Kennedy* ADDRESS *26 mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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