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.

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

Do not use this space.

1973

FEB 19 1929

1. PLACE OF DEATH
County Montreal
Township Willow Fork
City ( ) (No. ..... St. ..... Ward)

Registration District No. 575
Primary Registration District No. 4339

File No. .....
Registered No. .....

2. FULL NAME Charles Martin Peoples

(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: Male
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~~ Eliza Peoples

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-28-1872

7. AGE: YEARS 57 | MONTHS 5 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer 82 11 B
(b) General nature of industry, business, or establishment in which employed (or employer): 56 B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morgan County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER George Peoples
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Mattie Ole Witt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill

14. INFORMANT Mrs. Earl Wecker
(Address) Syracuse, Mo

15. FILED 1-2, 1930 Mrs Sarah Frye REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 1, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1929, to Jan 1, 1930 that I last saw him alive on Jan 1, 1930, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Flue — Rheumatism
Cerebral Hemorrhage
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

7481

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) M. Dick M. D.
, 19 (Address) Syracuse 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: Syracuse Cemetery, Syracuse, Mo
DATE OF BURIAL: 1-3-1930

20. UNDERTAKER: Jewell E. Richards
ADDRESS: Tipton Mo