APR 30 1930

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

Do not use this space.

9663

File No. 137

Registered No.

1. PLACE OF DEATH

County: Newton — Registration District No. 609

Township: — Primary Registration District No. 4363

City: Neosho (No. ..... St. ..... Ward)

2. FULL NAME: Louella Evylin Peters

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: George Peters

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 17 1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	7	14	

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): Missouri

PARENTS

10. NAME OF FATHER: Robert Horten

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Tennesee

12. MAIDEN NAME OF MOTHER: Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Dont know

14. INFORMANT: Geo Peters

(Address): Neosho, Mo.

15. FILED 3/10 1930 C. E. Maurer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/3/30 19

17. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1930 to Mar 3, 1930 that I last saw h. alive on Mar 3, 1930 and that death occurred, on the date stated above, at 11:50 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Lobar Pneumonia

Hx

Lag

..... (duration) ..... yrs. ..... mos. 11 ds.

CONTRIBUTORY (SECONDARY) Severe Toxemia

Heart Delayed Resolution

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: NG

IF NOT AT PLACE OF DEATH: .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF: .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. Rosebery, M. D.

3/4/30 (Address) Neosho, 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: 3/5/30 19

20. UNDERTAKER: Ray Harris — ADDRESS: Neosho