

JUN 25 1930

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

Do not use this space.

12450

1. PLACE OF DEATH

County Hower
Township Hower
City White Church, Mo

Registration District No. 384
Primary Registration District No. 5535-

File No. 39
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar-28-1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 15-

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) Rhinecland, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Nelson

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

12. MAIDEN NAME OF MOTHER Southwood

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Mary Kelly
(Address) White Church

15. FILED 4-15-30 O. P. Schirmer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/13-1930

17. I HEREBY CERTIFY, That I attended deceased from 4-8-1930 to 4-13-1930
that I last saw her alive on 4-8-1930, and that death occurred, on the date stated above, at 6:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of colon.

46C
CONTRIBUTORY (SECONDARY) 45 (duration) _____ yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) E. Claude Bohner, M. D.
4-14-1930 (Address) West Plains, 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 White Church DATE OF BURIAL 4/15 1930

20. UNDERTAKER McFarland's ADDRESS West Plains

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

