

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

Do not use this space.

22769

1. PLACE OF DEATH

County Jackson
Township Kaw
City Stanger City (No. 1530, Colorado St. 12 Ward)

Registration District No. 393
Primary Registration District No. 1002

File No. 2159
Registered No. 2159
St. _____ Ward)

2. FULL NAME

Frank L. Peuce
(a) Residence. No. 1530 Colorado St., 12 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 38 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs. Loretta Peuce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16th 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
43 5 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Foreman
(b) General nature of industry, business, or establishment in which employed (or employer). Eng. Works Dept
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

James K. Peuce

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER

Hannah Devoe

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14. INFORMANT

Mrs. Loretta Peuce
(Address) 1530 Colorado

15. FILED

7/5 30 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1930, to July 3, 1930, that I last saw him alive on July 3, 1930, and that death occurred, on the date stated above, at 139 1/2 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
92A
935
(duration) _____ yrs. mos. da.

CONTRIBUTORY (SECONDARY) Valvular disease of heart (duration) 1 yrs. mos. da.

18. WERE THERE DISEASES CONTRACTED

IF NOT AT PLACE OF DEATH No
DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) H. Connelly Peuce, M.D.

7-5, 1930 (Address) 6520 Indef. Ave
*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

St Mary's Cem 7/7 1930
DATE OF BURIAL

20. UNDERTAKER

W. F. Mayberry ADDRESS Eng. 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.

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