10958-1

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

Do not use this space.

1. PLACE OF DEATH
County: Oregon
Township: Moore
City: (No. ... St. ... Ward)
Registration District No.: 1143
Primary Registration District No.: 5845
File No.: 10958-1
Registered No.:

2. FULL NAME: Mildred Alice Peters
(a) Residence. No. Thomasville Mo (Usual place of abode) ... Ward. ... (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: Female
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 27 - 1931
7. AGE: YEARS ... MONTHS: 1 ... DAYS: 6 ... If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): Thomasville Mo
PARENTS
10. NAME OF FATHER: Herbert Peters
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Oregon Co Mo
12. MAIDEN NAME OF MOTHER: Emma Dadd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lawrence Co Ark
14. INFORMANT: Herbert Peters (Address) Thomasville Mo
15. FILED June 5, 1931 Mrs A. O. Roberts REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 5 1931
17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 5, 1931, that I last saw him alive on Mar 5, 1931, and that death occurred, on the date stated above, at 11 30 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Whooping Cough
Three Weeks
9
107A (duration) ... yrs. ... mos. ... ds.
CONTRIBUTORY (SECONDARY): Broncial Pneumonia
(duration) ... yrs. ... mos. 4 ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? general symptoms
(Signed) H E Pace, M. D
, 19 (Address) Thomasville

*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: Jalliff Cemetery
DATE OF BURIAL: Mar 6 1931
20. UNDERTAKER: O B Bales
ADDRESS: Thomasville 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.

JUN 27 1931