

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper  
Township Waltham  
City Joplin (No. \_\_\_\_\_)

Registration District No. 411  
Primary Registration District No. 2002

File No. 21849  
Registered No. 246  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Unnamed Peters Infant

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>✓</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>✓</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 15 - 1931</u>		
7. AGE YEARS <u>✓</u>	MONTHS <u>✓</u>	DAYS <u>✓</u>
IF LESS than 1 day, <u>3</u> hrs. or <u>15</u> min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>✓</u>	11. Total time (years) spent in this occupation <u>✓</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>	
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

FATHER 13. NAME Daniel Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

MOTHER 15. MAIDEN NAME Ethel Montgomery

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

17. INFORMANT (ADDRESS) Daniel Peters, Joplin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebb City, Cremate 6-16-1931

19. UNDERTAKER (ADDRESS) Self

20. FILED June 17 1931 A Benson Clark Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-15, 1931, to 6-13, 1931

I last saw him alive on 6-15, 1931. Death is said to have occurred on the date stated above, at 6:45 P.M.

The principal cause of death and related causes of importance were as follows:

Premature birth  
137  
157  
Other contributory causes of importance \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) A. Benson Clark, M. D.

(Address) Joplin Mo.

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.

JUL 25 1931



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