

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

Do not use this space.

39961

1. PLACE OF DEATH

County Warren
Township Charlotte
City (No. _____) _____

Registration District No. 884
Primary Registration District No. 6176

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

Oliver Peters

(a) Residence. No. Washington, Mo. 345 Stafford St. Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. 26 mos. 26 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs (?) Peter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18th 1861.

7. AGE <u>70</u> YEARS	<u>6</u> MONTHS	<u>14</u> DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
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8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Plesterer.
(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) Kansas

PARENTS

10. NAME OF FATHER <u>unknown</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>
12. MAIDEN NAME OF MOTHER <u>unknown</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT Dr Stumm
(Address) Marthasville, Mo.

15. FILED Nov 2, 1931 J. C. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 1 1931
17. I HEREBY CERTIFY, That I attended deceased from any 26 1931 to Nov 1 1931 that I last saw him alive on Oct 30 1931, and that death occurred, on the date stated above, at 6:45 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis of Wernia
1821 B 93A
(duration) 6 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) _____
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. C. Johnson, M. D.
, 19 (Address) Marthasville 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 Washington Mo DATE OF BURIAL Nov 4 1931
20. UNDERTAKER Chas & Co By Geo. H. O. Washington ADDRESS _____

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.

DEC 26 1931

