

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.

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

Do not use this space.

16274

1. PLACE OF DEATH

County Jackson
Township East
City Kansas City (No. 112)

Registration District No. 388
Primary Registration District No. W. 341 St

File No. _____
Registered No. 2067
St. _____ Ward _____

2. FULL NAME

(a) Residence No. 112 W 34 St., 5 Ward.

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. Resident
(If non-resident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret E. Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 yrs. 4 22

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Max Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Rosa Pits

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Widow (above address)

18. BURIAL, CREMATION, OR REMOVAL PLACE Danmore's Park DATE May 23 1932

19. UNDERTAKER (ADDRESS) John W. Wagner

20. FILED May 23 1932 M. M. Kerove Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1932

22. I HEREBY CERTIFY, That I attended deceased from May 18 1932 to May 22 1932
I last saw him alive on May 22 1932 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac failure Date of onset 1922
myocardial degeneration
hypertension
arterio-sclerosis
Other contributory causes of importance: 1
Senility of age

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 _____, 19 _____

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) Chas. Shelton, M. D.
(Address) 400 Prof. Bldg.

1889-1901