

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

Do not use this space.

19802

1. PLACE OF DEATH

County Jackson Registration District No. 389
 Township Rau Primary Registration District No. 200
 City Lanssley Mo. (No. 100) St. Mary Hosp. St. 100 (Ward)

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

2. FULL NAME

Nettie May Peters
 (a) Residence. No. 1701 E 8th St. 9 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX f 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 yrs. unk.

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) Moava 2

10. NAME OF FATHER Edwin Peters

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Moava

12. MAIDEN NAME OF MOTHER Francis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Moava

14. INFORMANT Mrs. Frances Peters
 (Address) #617 E-13th St, City

15. FILED 7/14 1932 M. M. Crowel REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/24 1932

17. I HEREBY CERTIFY, That I attended deceased from June 6, 1932, to June 28, 1932, that I last saw h.e.r. alive on June 28, 1932, and that death occurred, on the date stated above, at 3:22 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lymphatic Leukemia

Right Lobar Pneumonia
 (duration) _____ yrs. 3 mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____
 (duration) _____ yrs. _____ mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED at home
 IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS autopsy
 (Signed) C. Eldridge, M. D.
June 28, 1932 (Address) 6247 Brookside

*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 Mount Hope DATE OF BURIAL July 1st 1932

20. UNDERTAKER Peter B. Lapetina, R. C. Mo. ADDRESS _____

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.

