

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.

NOV 28 1932

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

Do not use this space.

33326

1. PLACE OF DEATH
 92 County St Charles Mo Registration District No. 757
 4 Township..... Primary Registration District No. 59983036
 8 City St Charles (No. 405, Lindenwood St. Ward)

2. FULL NAME Mary Peters
 (a) Residence, No. 405 Lindenwood St., 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Fred Peters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 19th 1873</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>6</u>
	DAYS <u>5</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>— 235</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation. <u>4</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin County Mo 71</u>		
FATHER	13. NAME <u>Gou Reppeto</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin County Mo</u>	
MOTHER	15. MAIDEN NAME <u>Ridenhour</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know 31</u>	
17. INFORMANT <u>Fred Peters</u> (ADDRESS) <u>405 Lindenwood St Charles Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Charles Mo</u> DATE <u>Oct 27th 1932</u> <u>Bossmo Cemetery</u>		
19. UNDERTAKER <u>W. C. Dallmeyer & Son Co</u> (ADDRESS) <u>500 N Second St Charles Mo</u>		
20. FILED <u>11-12</u> 1932 <u>Hy G. Shelburn</u> Registrar.		

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24th 1932

22. I HEREBY CERTIFY, That I attended deceased from August 19 1932 to October 24 1932
 I last saw her alive on October 24th 1932 Death is said to have occurred on the date stated above, at 4:30 P.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy 59
1327
827
 Other contributory causes of importance:
Hypertension
Diabetes
Nephritis
 Name of operation..... Date of.....
 What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
 If so, specify.....
 (Signed) B. P. Wentker, M. D.
 (Address) St. Charles, Mo

Date of onset
8.19.32
10 yrs
10 mos
4 mo
250

