

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

Do not use this space.
35667

1. PLACE OF DEATH

County Jackson Registration District No.
Township K&W Primary Registration District No.
City Kansas City (No. 6109 Brookside) St. Ward)

File No. 4165
Registered No.
St. Ward)

2. FULL NAME Peter Allen Domville

(a) Residence, No. 6109 Brookside St. 7 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Bowers Domville

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	80	3	24	

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis 1
(STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Peter Allen Domville 8

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

15. MAIDEN NAME Ellen Allen

MOTHER FATHER 16. BIRTHPLACE (CITY OR TOWN) England
(STATE OR COUNTRY)

17. INFORMANT Emma Domville
(ADDRESS) 6109 Brookside Blvd

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill cemetery DATE Nov 8, 1932

19. UNDERTAKER Stine & McClure
(ADDRESS) 3236 Grecham Plaza

20. FILED 11-7, 1932 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-1-, 1931, to 11-6-, 1932
I last saw him alive on 11-6-, 1932 Death is said to have occurred on the date stated above, at P. m. 10:40
The principal cause of death and related causes of importance were as follows:

Myocarditis chronic
131
130 131 (1)
Other contributory causes of importance:
Chronic Nephritis

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 Chronic Nephritis
(Signed) M. M. Brown, M. D.
(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.

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