

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

Do not use this space.

29372

File No. \_\_\_\_\_  
Registered No. 20 \_\_\_\_\_  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

41 County Harrison Registration District No. 336  
3 Township \_\_\_\_\_ Primary Registration District No. 4199  
3 City Cainsville (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)

**2. FULL NAME** Lung Jane Peter

(a) Residence No. \_\_\_\_\_ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John G. Peter

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10/26/1851

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 1 21

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Cainsville (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Henry Robertson

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs. Sol. Cantraves (Address) Princeton, Mo

15. FILED 12/18/32 E E Odum REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932 to Dec 17 1932 that I last saw her alive on Dec 17 1932, and that death occurred, on the date stated above, at 3:30 P m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Cerebral Apoplexy.  
92R  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED (2)  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? NA DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? Chemical  
(Signed) A. S. Huff \_\_\_\_\_, M. D.  
Dec 17, 1932 (Address) Cainsville 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 Oak Lawn DATE OF BURIAL 12/18 1932

20. UNDERTAKER Estep ADDRESS Cainsville

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.

JAN 23 1933

