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

Do not use this space.

1399

1. PLACE OF DEATH

48 County Jackson — Registration District No. 889 — File No. 1

10 Township Kaw — Primary Registration District No. [illegible] — Registered No. 129

9 City Kansas City (No. 500 East 36 St. Ward)

2. FULL NAME Josephine Caroline Peters

(a) Residence, No. 500 East 36 St., 6 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles C.Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27, 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	2	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife

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) (STATE OR COUNTRY) Levenworth Kansas

FATHER

13. NAME Michall Hofman

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

MOTHER

15. MAIDEN NAME Johanna Bock Holman

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

17. INFORMANT (ADDRESS) C.C.Peters 500 East 36

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Moriah Cem DATE Jan 10, 33

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W. Linwood

20. FILED Jan 9, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 33, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-11-, 1931, to Jan. 8-, 1933

I last saw her alive on Jan. 8, 1933. Death is said to have occurred on the date stated above, at 2:30A.m.

The principal cause of death and related causes of importance were as follows:

Diabetic coma, — Date of onset

59

59

94 B

97

Other contributory causes of importance:

Arteriosclerosis

Hypertension

Cardiac Infarction

Name of operation — Date of

What test confirmed diagnosis? EKG — 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?

If so, specify

(Signed) Donald Black, M. D.

(Address) 924 Prof. Bldg.

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

professional Bldg.
1:30 to 5:30