

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

Do not use this space.

8766

1. PLACE OF DEATH

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County Pettis
Township _____
City Peddie (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 55 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 601 E. 10th 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8, 1933</u>		
7. AGE YEARS —	MONTHS —	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. _____
	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) Peddie, Mo. (STATE OR COUNTRY)

13. NAME George Homer

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

15. MAIDEN NAME Alice Elizabeth Miller

16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY)

17. INFORMANT Geo. Homer (ADDRESS) 601 E. 10th, Peddie, Mo.

18. BURIAL, CREMATION, OR REMOVAL. PLACE Crown Hill DATE 2/14 1933

19. UNDERTAKER Lillie Turner (ADDRESS) Peddie, Mo.

20. FILED 2-14 1933 J. H. V. E. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 12 1933, to Feb 13 1933

I last saw him alive on Feb. 13 1933. Death is said to have occurred on the date stated above, at 5:17 PM m.

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

Brain hemorrhage from
La. Supple rupture

Date of onset

Other contributory causes of importance: _____

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? none Date of injury _____, 1933

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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Chas. J. Miller, M. D.

(Address) Peddie, Mo.

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.

