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

Do not use this space.

11122

File No. .....

Registered No. 2163

1. PLACE OF DEATH

County ..... Registration District No. 1001

Township ..... Primary Registration District No. .....

City St Louis (No. 1314-R Biddle St. ..... Ward)

2. FULL NAME Gracie Peeples

(a) Residence, No. 1314-R Biddle St., 25 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Col.	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
abt.	33			

OCCUPATION

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

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) Cairo Ill.

FATHER

13. NAME Adam Peeples

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

MOTHER

15. MAIDEN NAME Maggie Howard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Ky

17. INFORMANT Maggie James
(ADDRESS) 1314 Biddle St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 3/6/33 19

19. UNDERTAKER R. F. Bland Funeral Co.
(ADDRESS) 2722 Easton Ave

20. FILED MAR 4 1933 Hal C. Harding
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-2 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1933, to 3-2- 1933

I last saw h. alive on 3-2- 1933 Death is said to have occurred on the date stated above, at 12 m.

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

	Date of onset
Acute nephritis	
from a cold & exposure	
104 F.	
130	
Pulse	

Other contributory causes of importance:

Name of operation none Date of none

What test confirmed diagnosis? C Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no, 19

Where did injury occur? no
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no

Nature of injury no

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

If so, specify no

(Signed) J. T. Edwards M. D.

(Address) 1419 Wayman St City

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.

WHEN FILLED WITH STRAIGHT INK THIS IS A PERMANENT RECORD