

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

Do not use this space.

1. PLACE OF DEATH

County *Barnes Hospital* Registration District No. *11001*
Township Primary Registration District No. *11001*
City (No. *600*, *S. Kingshighway*, St. Ward)

File No. **21538**
Registered No. **5328**

2. FULL NAME

(a) Residence, No. *2209 College* St., *17* Ward. *Alton, Ill.*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. *11* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Marion Streeper</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov. 15, 1883</i>		
7. AGE	YEARS <i>39</i>	MONTHS <i>7</i>
	DAYS <i>1</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Welder 1207</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Oil Refinery 92A</i>	
	10. Date deceased last worked at this occupation (month and year) <i>June 2, 1933</i>	11. Total time (years) spent in this occupation <i>18 2/3</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Alton Illinois</i>		
MOTHER	13. NAME <i>Jared N. Streeper</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Alton Illinois</i>	
	15. MAIDEN NAME <i>Lena Keyling</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Alton Illinois</i>	
17. INFORMANT <i>The Marion B. Streeper</i> (ADDRESS) <i>5209 College Ave Alton, Ill.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Oakwood Home Alton Ill.</i> DATE <i>June 19, 1933</i>		
19. UNDERTAKER <i>Robert H. Streeper</i> (ADDRESS) <i>2521 Edwards St Alton Ill.</i>		
20. FILED <i>JUN 19 1933</i> <i>J. Bredeck</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 16, 1933*

22. I HEREBY CERTIFY That I attended deceased from *6-5, 1933* to *6-16, 1933*

I last saw him alive on *6-16, 1933* Death is said to have occurred on the date stated above, at *1:00* p.m.

The principal cause of death and related causes of importance were as follows:
Diverticulum of Colon (Sigmoid) ?
Peritonitis, acute

Other contributory causes of importance:
Chronic Valvular Disease of heart

Name of operation *for peritonitis* Date of *6/5/33*
What test confirmed diagnosis? *operation* 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? *no*
If so, specify
(Signed) *Glover H. Coplan* , M. D.
(Address) *BARNES HOSPITAL*

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.

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