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.

AUG 26 1933

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

Do not use this space.

File No. 25273

Registered No.

1. PLACE OF DEATH

97 County Saline — Registration District No. 796

5 Township — Primary Registration District No. 3038

7 City Marshall (No. ..... St. ..... Ward)

2. FULL NAME Elizabeth Peavler

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

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Parkel L Peavler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 17-1863

7. AGE: YEARS 70 — MONTHS 2 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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: ✓

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Quincy Ill

FATHER

13. NAME: Leonard Westerchan

10 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Sophie H Unknown

10 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): P. L. Peavler, Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL: Shackelford Cem DATE July 24 1933

19. UNDERTAKER (ADDRESS): H. W. Campbell, Marshall Mo.

20. FILED 8-3- 1933 A. C. Putnam, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-19, 1933, to 7-22, 1933

I last saw her alive on 7-22, 1933. Death is said to have occurred on the date stated above, at 6:15 p.m.

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

Cancer of stomach

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? ..... 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) C. F. Warren D.O., M. D.

(Address) Marshall Mo.