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.

NOV 10 1933

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

Do not use this space.

32374

1. PLACE OF DEATH

14 County Callaway, Registration District No. 104

Township Primary Registration District No. 3008

City Fulton, Mo, (No. , St. Ward)

File No.

Registered No. 186

2 2. FULL NAME John Tyimon Peters

(a) Residence, No. 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: Male

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: Husband of Mrs, Nettie peters,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec, 30-1860

7. AGE: YEARS 73 | MONTHS 9 | DAYS 7 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Mo,

FATHER

13. NAME: John B, Peters,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va,

MOTHER

15. MAIDEN NAME: Cathrine Driscell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo,

17. INFORMANT (ADDRESS): Mrs, Nettie Peters, Williamsburg, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Church DATE Oct, 8th, 1933

19. UNDERTAKER (ADDRESS): Herndon-Taylor Furn-Co, Fulton, Mo

20. FILED Oct 7 1933 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10/6/33, 19

22. I HEREBY CERTIFY, That I attended deceased from 8/21/33, 19 to 10/6/33, 19

I last saw him alive on 10/6/33, 19 Death is said to have occurred on the date stated above, at 5,15P m.

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

Secondary anemia. following carcinoma, liver, colon, etc.

Date of onset

46E 46E 46

Other contributory causes of importance

7/E

Name of operation Date of

What test confirmed diagnosis? P.E. 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) Greene D. McCall, M. D.

(Address) Fulton, Mo.