

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

Do not use this space.

MAR 24 1934

35

1. PLACE OF DEATH

County Buchanan

Registration District No. _____

Township _____

Primary Registration District No. 4001

City St. Joseph Mo. (No. 904)

File No. 4043
Registered No. 210
St. _____ Ward _____

2. FULL NAME Alvin Cromwell Peters

(a) Residence, No. St. Joseph Mo. 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. 16 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21-1934

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

22. I HEREBY CERTIFY, That I attended deceased from Fe 19 1934, to Fe 21 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1847

I last saw h. _____ alive on Fe 21 1934 Death is said

7. AGE YEARS 86 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

to have occurred on the date stated above, at 12:30 AM

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

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

Lobar pneumonia
Date of onset Fe 17/34

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 _____

Other contributory causes of importance:
old age
General debility

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotts Grove Ind.

13. NAME Henry B. Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotts Grove Ind.

15. MAIDEN NAME Margaret Strankin

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

17. INFORMANT (ADDRESS) Ben Peters

18. BURIAL, CREMATION, OR REMOVAL PLACE Angelus DATE 2-24

19. UNDERTAKER (ADDRESS) St. Joseph Mo.

20. FILED 2-21-1934 John R. Beaudry Registrar

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 0 Date of injury 0 1934

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 0 Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? 0 If so, specify (Signed) J. H. Thompson, M. D. (Address) 525 Charles

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.

WHITE PEARLINE, INC. ST. LOUIS, MO. THIS IS A PERMANENT RECORD

