

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

Do not use this space.

SEP 20 1934

29366

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Raw Primary Registration District No. 100
 City Kansas City (No. General Hospital) St. _____ Ward _____

2. FULL NAME Grace Peters
 (a) Residence, No. 507-40 Drury St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (or) WIFE OF Richard Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10-1871

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>63</u>	<u>5</u>	<u>25</u>	<u>28</u>	

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

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) Kansas

13. NAME White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

15. MAIDEN NAME Forise Richards

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Richard Peters
 (ADDRESS) 517-40 Drury

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Washington DATE Aug 13, 1934

19. UNDERTAKER Chas. General Home
 (ADDRESS) 666-Independence Ave.

20. FILED 8/17, 1934 M. M. Crowe
Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from August 8, 1934 to Aug 10, 1934

I last saw her alive on Aug 9, 1934. Death is said to have occurred on the date stated above, at 7:10 P.M.

The principal cause of death and related causes of importance were as follows:
acute peritonitis
1225
12910062

Other contributory causes of importance:
Intestinal obstruction
Fecal impaction

Name of operation None Date of _____

What test confirmed diagnosis: Observation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: No
 Accident, suicide, or homicide: No 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) W. H. Gallagher M. D.
 (Address) 6900 Union Street, Kansas City, Mo.

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.

