

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.

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

Do not use this space.

32526

OCT 15 1934

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 2001

City Spanifield

(No. Capital Hospital)

File No. 460

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Webster County 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roy Peppel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3-1886

7. AGE YEARS 48 MONTHS 1 DAYS 16 IF LESS THAN 1 day, .....hrs. or .....min.

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) Jayva

13. NAME Andrew Cooper

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

15. MAIDEN NAME May Culthamer

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

17. INFORMANT R. H. Peppel (ADDRESS) Manchester Miss.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago, Ill DATE 9-22 1934

19. UNDERTAKER McMahon Funeral Service (ADDRESS) Manchester Miss.

20. FILED 9-20 1934 J. H. Wood Registrar

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 14 1934, to Sept 18 1934

I last saw her alive on Sept 18 1934 Death is said to have occurred on the date stated above, at 5:00 a.m.

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

Infection from suppurating abscess on back Date of onset 9/4/34

Other contributory causes of importance: Veruaktes Muehlen

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Lab. Exam (where 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) R. H. Foelt \_\_\_\_\_ M. D.

(Address) Stefford Mo.

1934-9-28

1832-9-20

82-0-8