

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

Do not use this space.

OCT 17 1934

33879

**1. PLACE OF DEATH**

92 County St Charles Registration District No. 757  
 4 Township ..... Primary Registration District No. 3036  
 6 City St Charles (No. 510, black St. .... Ward)

File No. ....  
 Registered No. 156

**2. FULL NAME**

Emma Peyton  
 (a) Residence, No. 510 black 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E B Peyton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
70 3 25

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) Mc Keesport Pa

13. NAME Samuel H Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

15. MAIDEN NAME Marisa Sill

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

17. INFORMANT E B Peyton (ADDRESS) 510 black st

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Burial DATE Sep 9 1934

19. UNDERTAKER W H ... (ADDRESS) 5007 W. Second St

20. FILED 9/8 1934 St Charles Pa Registrar F

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7<sup>th</sup> 1934

I HEREBY CERTIFY, That I attended deceased from May 1 <sup>1932</sup> to Sept 7 1934

I last saw him alive on Sept 7 1934. Death is said

to have occurred on the date stated above, at 6:15 a.m.

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

Cerebral  
arteriosclerosis  
General Arteriosclerosis  
 Date of onset 1920

Other contributory causes of importance: General Arteriosclerosis

Name of operation Autopsy 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? no

If so, specify .....

(Signed) ..... M. D.

(Address) .....

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.

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