

APR 22 1935

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

Do not use this space.

42798-a  
File No. \_\_\_\_\_  
Registered No. 4

## 1. PLACE OF DEATH

County Jackson Registration District No. 396  
Township St. George Primary Registration District No. 5357  
City Sibley Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 20 yrs.  mos.  ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)  
Mr. George Peeler (2 miles N.W.) Sibley

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 7 1868</u>		
7. AGE YEARS <u>66</u>	MONTHS <u>4</u>	DAYS <u>X</u>
If LESS than 1 day! _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fisherman</u>		
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) Merrier Co. Mo13. NAME Don't know14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know15. MAIDEN NAME Don't know16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know17. INFORMANT (ADDRESS) Jno Stranges Sibley Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Sibley Mo DATE Dec 7 3419. UNDERTAKER (ADDRESS) Wm Reppert Buckner Mo20. FILED 4-10 1935 M. D. Munnich Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. \_\_\_\_\_ alive on Dec 2 1934 Death is saidto have occurred on the date stated above, at 2 A m.

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

Related to Pneumonia 10

Other contributory causes of importance:

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes 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) Vincent F. ... M. D.(Address) 8103 - San ...

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.

