

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

Do not use this space.

8431

APR 9 6 1935

**1. PLACE OF DEATH**

22

County Christiana  
Township Roll  
City Billings, Mo. (No. 740)

Registration District No. 181  
Primary Registration District No. 6251

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Peter Ranch

(a) Residence, No. .... St. .... Ward: ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Miss Sarah Ranch, deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/26/1854</u>		
7. AGE YEARS <u>80</u>	MONTHS <u>10</u>	DAYS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Fanner</u>		11. Total time (years) spent in this occupation.....
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
13. NAME <u>Peter Ranch</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Betch</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Miss Mrs. Kew</u> (ADDRESS) <u>Billings, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>German Expts</u> DATE <u>19</u>		
19. UNDERTAKER <u>A. J. Wallace</u> (ADDRESS) <u>Billings, Mo.</u>		
20. FILED <u>Mar. 16</u> , 19 <u>35</u> <u>F. D. Brown</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9<sup>th</sup>, 1935.

22. I HEREBY CERTIFY, That I attended deceased from March 9<sup>th</sup>, 1935, to March 9<sup>th</sup>, 1935.  
I last saw him alive on March 9<sup>th</sup>, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Senile Debility - due to Old age.

Date of onset

Other contributory causes of importance:  
Arteriosclerosis, or Hardening of the Arteries.

Name of operation ..... 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) R. A. Stewart, M. D.  
(Address) Billings, 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.

