

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.

10245

APR 2 1935

1. PLACE OF DEATH

County RollsTownship Peru

City _____ (No. _____)

Registration District No. 912Primary Registration District No. 5860B

File No. _____

Registered No. 10

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFEmily Waters

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

Oct 1 - 1863

7. AGE

YEARS

81

MONTHS

6

DAYS

24

If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION

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

Farmer

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)Mo

FATHER

13. NAME

Winrod Waters14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Peru

MOTHER

15. MAIDEN NAME

Elizabeth Albrecht16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Ky.17. INFORMANT
(ADDRESS)Lee Waters
Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Vandalia

DATE

Mar 27193519. UNDERTAKER
(ADDRESS)W. H. Waters
Vandalia Mo

20. FILED

3/261935Mallie Fugua
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

May 9, 1934, to March 25, 1935I last saw him alive on March 21, 1935. Death is saidto have occurred on the date stated above, at 1 P m.

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

Cancer of Stomach

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? X-Ray Was there 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?

If so, specify _____

(Signed) H. H. Bland, M. D.(Address) Vandalia Mo

