

JUL 18 1936

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

Do not use this space.

11915
L3

1. PLACE OF DEATH

County Bollinger

Registration District No. 698

Township Waynes

Primary Registration District No. 2-108

City Waynes

File No.

Registered No.

St. Ward)

2. FULL NAME

Leon Peters

(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 / 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 Child (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 10. 11

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Child

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) Near Glenmo

13. NAME August Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co.

15. MAIDEN NAME Mary Perbrock

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co. Mo

17. INFORMANT (ADDRESS) Doc Peters

18. BURIAL, CREMATION, OR REMOVAL PLACE Glenmo Cemetery DATE April 21 1935

19. UNDERTAKER (ADDRESS) A. G. ...

20. FILED 6-26 1935 A. T. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 20 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 19- 1935 to Apr. 20 1935

I last saw him alive on Apr. 20 1935. Death is said to have occurred on the date stated above, at m.

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

Diabetes Acute
Bright's Disease
Infection of left Colon
Other contributory causes of importance: unknown

Date of onset

Name of operation No operation Date of m.

What test confirmed diagnosis? Urinalysis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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? None

If so, specify

(Signed) J. M. Finney, M. D.

(Address) J. Taylor

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.

BD

0:0

3
0:0

0-12 1000 1000 1000