

JUN 25 1935

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

Do not use this space.

17117

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Marion Primary Registration District No. 3079
City Hannibal (No. Levering Hospital)

File No. _____
Registered No. 145 146
St. 6 Ward _____

2. FULL NAME

(a) Residence, No. 508 Wycamore St., 4 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Tena Peeler</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28, 1867</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>7</u>
	DAYS <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1935

22. I HEREBY CERTIFY, that I attended deceased from May 5, 1935, to May 10, 1935

I last saw him alive on May 10, 1935. Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Cardio Vascular Renal Disease Date of onset 1934

Other contributory causes of importance:

General debility

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? _____

If so, specify _____

(Signed) J. G. Sulzmaier, M. D.

(Address) Hannibal Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ruff Co Mo.</u>
	13. NAME <u>John B Peeler</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
	15. MAIDEN NAME <u>Rebecca Haines</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>
17. INFORMANT <u>Mrs Anna Matthews</u> (ADDRESS) <u>Hannibal Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Agnes Cemetery</u> <u>5-12-35</u>	
19. UNDERTAKER (ADDRESS) <u>James O'Donnell</u> <u>Hannibal Mo.</u>	
20. FILED <u>May 13, 1935</u> <u>R. J. Schuster</u> Registrar.	

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.

