

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

Do not use this space.

JUL 24 1935

17153

1. PLACE OF DEATH

County Mercer
Township Somerset
City (No. _____) _____ St. _____ Ward _____

Registration District No. 553
Primary Registration District No. 5734

File No. _____
Registered No. 6

2. FULL NAME

Franklin A. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Peters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 16 - 1867</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>7</u>
	DAYS <u>24</u>	IF LESS than _____ day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession or particular kind of work done, as splaner, sawy, bookkeeper, etc. <u>doctor</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1935
22. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1935, to May 9, 1935
I last saw him alive on May 5, 1935 Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate gland + Blood Date of onset Jan 34

Other contributory causes of importance: 51

Name of operation none Date of _____
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? L 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) [Signature], M. D.
(Address) [Address]

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

FATHER

13. NAME Joe Peters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Reuby
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Jessie Peters Mercer Mo.

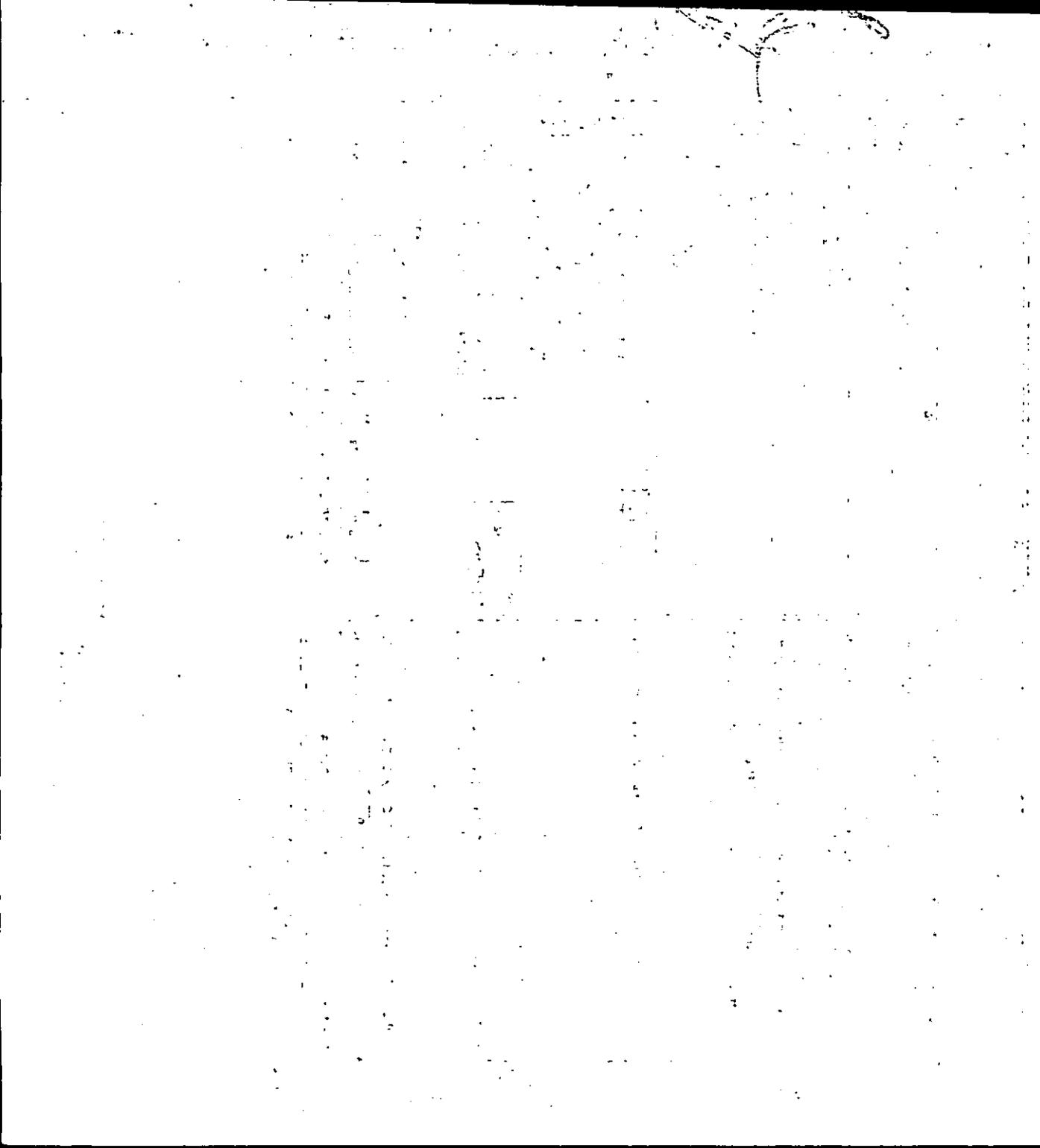
18. BURIAL, CREMATION, OR REMOVAL
PLACE Loury DATE May 12 1935

19. UNDERTAKER (ADDRESS) Noel Moss Princeton Mo.

20. FILED May 20 1935 Mrs. Elsie Davenport 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.

THIS IS A PERMANENT RECORD



AUG 6 1953

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