WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

SEP 18 1935

Do not use this space.

25464

1. PLACE OF DEATH
County Grim Smith Hospital & Clinic — Registration District No. 4
Township Kirksville, Missouri — Primary Registration District No. 3001
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. 156

2. FULL NAME Pevehouse, Carrie Jane

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): .....

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 11, 1935.

7. AGE — YEARS | MONTHS | DAYS | If LESS than 1 day, 22 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. .....
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) Kirksville, Mo.

FATHER
13. NAME Roscoe Pevehouse
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brashear, Missouri

MOTHER
15. MAIDEN NAME Minnie Lee Peery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Slickford Kentucky

17. INFORMANT (ADDRESS) Mrs Edyth Pevehouse Brashear, Mo. R.F.D.

18. ~~BURIAL, CREMATION, OR REMOVAL~~
PLACE ~~[illegible]~~ Brashear DATE Aug. 12 1935

19. UNDERTAKER (ADDRESS) Burial by members of family

20. FILED Aug 12 1935 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 11, 1935, to August 12, 1935
I last saw her alive on August 11, 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:

	Date of onset
Acute uremia	Birth

Other contributory causes of importance:
Mother had eclampsia

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) A. B. Crawford, M. D.
(Address) Kirksville, Missouri