

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

Do not use this space.

NOV 2 1935

31305
8122

1. PLACE OF DEATH

County Registration District No. **791**
Township City Registration District No. **1003**
City **St. Louis Mo.** (No. **City Hospital No. 2**) St. Ward)

2. FULL NAME

Anna Mae Peters
(a) Residence, No. **1251 - N. Garrison** Ward. **21** (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 2 - 1903**

7. AGE YEARS **32** MONTHS **3** DAYS **22** If LESS than 1 day, hrs. or min.

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. **Homework**

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) **Kentucky**

13. NAME **Tom Whitfield**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

15. MAIDEN NAME **Emma Garrett**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

17. INFORMANT (ADDRESS) **Judy Ferguson**
2945 - Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE **Notley Dizon** DATE **9-30** 1935

19. UNDERTAKER (ADDRESS) **Ellis Funeral Home**
2822 St. Louis St.

20. FILED **SEP 27 1935** **J. Prebeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 25th 1935**

22. I HEREBY CERTIFY, That I attended deceased from **9-21-1935** to **9-25-1935**

I last saw her alive on **9-25-1935**. Death is said to have occurred on the date stated above, at **11:52 P.M.**

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

Acute Nephritis due to heart condition
Date of onset **9-21-35**
956

Other contributory causes of importance:

Hypertensive Heart Disease

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) **James B. Harris, M. D.**
(Address) **2945 - Lawton Blvd**

