NOV 26 1935

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

Do not use this space.

File No. 33046

Registered No.

1. PLACE OF DEATH

County: Jasper — Registration District No.: 108

Township: — Primary Registration District No.: 3020

City: Carthage (No. ..... St. ..... Ward)

2. FULL NAME Mary E. Peebles

(a) Residence, No. 1011 Prospect St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 38 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Robert L. Peebles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 30, 1853

7. AGE: Years 81 | Months 10 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home

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): Hillsboro Missouri

FATHER

13. NAME: Melcher Jungen

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: Annie —

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

17. INFORMANT (ADDRESS): Miss Mamie Peebles 1011 Prospect - Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park Cemetery DATE: Oct. 21, 1935

19. UNDERTAKER (ADDRESS): Greer Mortuary Carthage, Missouri

20. FILED: Oct. 21, 1935 S. A. Clinton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1935, to Oct. 17, 1935. I last saw her alive on Oct. 7, 1935. Death is said to have occurred on the date stated above, at 5 P. m.

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

	Date of onset (?)
Chronic myocarditis	
Heart failure	

Other contributory causes of importance: Chronic bronchitis

Name of operation: none Date of:

What test confirmed diagnosis? physical 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? No

If so, specify:

(Signed) George H. Wood, M. D.

(Address) Carthage Mo.

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.

100M-3-28-35