

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.

Wm. Dudley
OCT 28 1935

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

Do not use this space.

33842

1. PLACE OF DEATH

County St. Louis Registration District No. 289 File No. _____
Township Central Primary Registration District No. 6033 Registered No. 253
City Overland (No. 2307 Morton St. _____ Ward _____)

2. FULL NAME

(a) Residence, No. 2307 Woodson Rd 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>Pearl Peters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 - 1875</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>7</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>un-employed</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
13. NAME <u>Nathany Peters</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <u>Pearl Peters</u> (ADDRESS) <u>2307 Woodson Overland, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcell</u> DATE <u>10-9-1935</u>		
19. UNDERTAKER <u>Bannan Bros. Inc.</u> (ADDRESS) <u>Overland, Mo.</u>		
20. FILED <u>10-8-</u> 19 <u>35</u> <u>W. Baehner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1933 to Oct 7 1935
I last saw him alive on Oct 7 1935 Death is said to have occurred on the date stated above, at 8:50 A.M.
The principal cause of death and related causes of importance were as follows:
Apoplexy involving the Right Hemisphere
Date of onset _____

Other contributory causes of importance:
Cardiovascular disease

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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) F. L. Fuller M. D.
(Address) 420 9th Milton

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20/80

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