

FEB 18 1936

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

Do not use this space.

38942

1. PLACE OF DEATH

County Laclede  
Township Wyanona  
City Linn (No. \_\_\_\_\_)

Registration District No. 191  
Primary Registration District No. 4114

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John A. Peters  
(n) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 7 1/2 yrs. mos. ds. How long in U.S., if of foreign birth? 8 1/2 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 <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Peters</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Dec 25 1846</u>		
7. AGE <u>88</u>	YEARS <u>11</u>	MONTHS <u>29</u>
		DAYS <u>29</u>
IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN)

Hamburg  
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Joseph Peter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hamburg  
(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Wilson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hamburg  
(STATE OR COUNTRY) Germany

14.

INFORMANT Mrs Pearl Brown  
(Address) Linn Mo

15.

FILED Feb 1 1936 Chas L Getting  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22 - 1935

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Dec 22, 1935, that I last saw him alive on Dec 22, 1935, and that death occurred, on the date stated above, at \_\_\_\_\_ P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Senile Infirmitis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Chinical Exam

(Signed) Dr. B. F. Hutchinson M.D.

, 1935 (Address) Wyanona, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Combs Cemetery

DATE OF BURIAL

12-24 1935

20. UNDERTAKER

Barrett & Koles

ADDRESS

Linn

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.

