

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.

JUN 7 1936

18968

1. PLACE OF DEATH

County Cole Registration District No. 213
 Township Jefferson Primary Registration District No. 5293
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 161

2. FULL NAME Mrs. Eliza Peters

(a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lee O. Peters</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov-6-1861</u>		
7. AGE YEARS <u>74</u>	MONTHS <u>6</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>"</u>	
	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>Mansfield, Missouri</u>		
FATHER	13. NAME <u>Not Known</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
MOTHER	15. MAIDEN NAME <u>Not Known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____	
17. INFORMANT <u>Harry M. Sutton</u> (ADDRESS) <u>Jefferson City, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mansfield, Mo.</u> DATE <u>June-1-</u> 19 <u>36</u>		
19. UNDERTAKER (ADDRESS) <u>George Gordon</u> <u>Jefferson City Mo</u>		
20. FILED <u>June 11 1936</u> <u>Dr. J. S. Ford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 31 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19 1936 to May 31 1936

I last saw him alive on May 31 1936. Death is said to have occurred on the date stated above, at 6:10 P.M.

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

Chronic Colitis

Senile Dementia

Senility

W.D.W.

Date of onset _____

Other contributory causes of importance: _____

Name of operation None 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? No
 If so, specify _____

(Signed) William Ford M. D.
 (Address) 318 McCarty St. Jefferson City

