

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.

SEP 16 1936

29790

1. PLACE OF DEATH

County *Audrain*
Township *Salt River*
City *Mexico* (No. _____)

Registration District No. *26*
Primary Registration District No. *3009*

File No. _____
Registered No. *139*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Middleton, Mo.* 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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>James Franklin Peters</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov 26 1867</i>				
7. AGE <i>68</i>	YEARS	MONTHS <i>8</i>	DAYS <i>23</i>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	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.			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Lincoln Co. Missouri</i>			
	13. NAME <i>John McCulloch</i>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Virginia</i>			
	15. MAIDEN NAME <i>Susan Lasley</i>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>				
17. INFORMANT (ADDRESS) <i>Nellie Pauline Durbin Stillwater Okla.</i>				
18. BURIAL CREMATION, OR REMOVAL PLACE <i>Williamburg Mo</i> DATE <i>8-20-1936</i>				
19. UNDERTAKER (ADDRESS) <i>H. B. Wells Neelsville Mo.</i>				
20. FILED <i>August 18, 1936</i> <i>Blanche Neely</i> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <i>Aug. 18, 1936</i>
22. I HEREBY CERTIFY, That I attended deceased from <i>8-6-36</i> , 1936, to <i>8-18-36</i> , 1936 I last saw him alive on <i>8-18-36</i> , 1936 Death is said to have occurred on the date stated above, at <i>2:15 A.</i> m. The principal cause of death and related causes of importance were as follows: <i>Cholecyctitis</i> <i>Cholelithiasis</i> Other contributory causes of importance: <i>10/6</i>
Date of onset
Name of operation <i>Drains Gall bladder</i> Date of <i>8-11-36</i> What test confirmed diagnosis <i>Clinical</i> Was there an autopsy? <i>No</i>
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? <i>No</i> If so, specify _____ (Signed) <i>Frank Jolley</i> , M. D. (Address) <i>Mexico, Mo.</i>

