

DEC 3 1936

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

Do not use this space.

38171

## 1. PLACE OF DEATH

 County Lafayette Registration District No. 460  
 Township Davis *K. H. P. 1936* Primary Registration District No. 5223  
 City Corder (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Mrs. Anna Bowlan Peeples

## 2. FULL NAME

 (a) Residence, No. \_\_\_\_\_ 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

## MEDICAL CERTIFICATE OF DEATH

 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 Joseph A Peeples  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25th 1867  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 8 12
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 193622. I HEREBY CERTIFY, That I attended deceased from 1936, to Oct 8 1936I last saw her alive on Oct 8 1936 Death is saidto have occurred on the date stated above, at 4:39 p. m.  
The principal cause of death and related causes of importance were as follows:
Chr. Valvular disease before Date of onset 1929

 Other contributory causes of importance:  
Pneumonia - acute - Oct 6, 1936

 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physic Was there an autopsy? no

 23. If death was due to external causes (violent), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 1936

 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

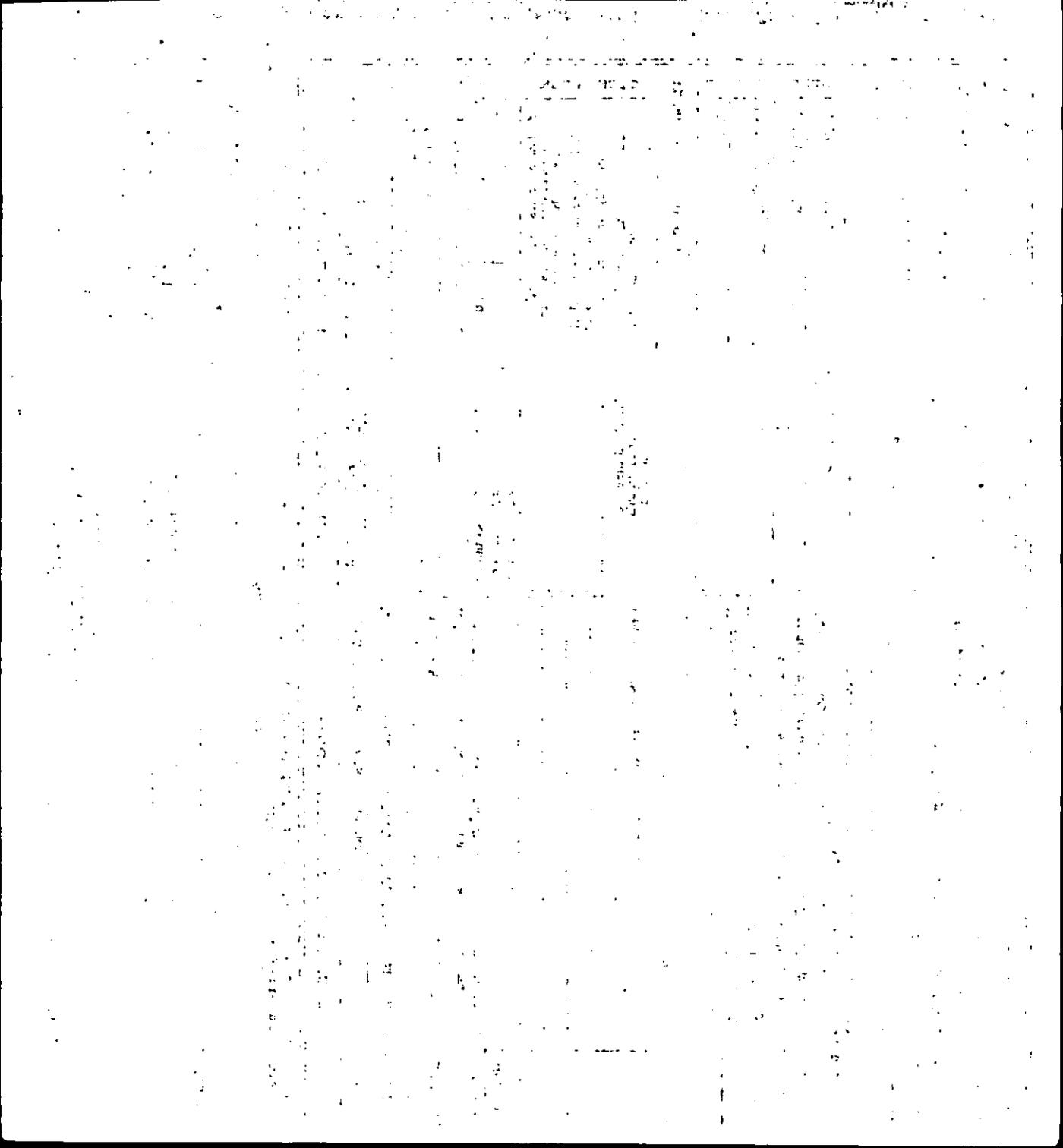
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_

 (Signed) H. H. Hoppert M. D.  
 (Address) Higginsville, Mo.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 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) Logansport, Ind13. NAME Robert Bowlan14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logansport, Ind15. MAIDEN NAME Sina Ellen Burk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logansport, Ind17. INFORMANT Carl Peeples  
(ADDRESS) Corder, Mo.18. BURIAL CREMATION, OR REMOVAL Corder DATE 10/11/36  
PLACE A. H. Eader DATE \_\_\_\_\_ 193619. UNDERTAKER (ADDRESS) Higginsville, Mo.20. FILED Oct 10 1936 M. B. MBB  
Registrar.

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**

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**1. PLACE OF DEATH**

County Lafayette  
Township Rever  
City (No. , St. , Ward)

Registration District No. 460  
Primary Registration District No. 5623

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Mrs Anna Boulton Peoples  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 69 8 12

Chronic Valvular disease Date of onset

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 (years spent in this occupation)

Other contributory causes of importance:  
Pneumonia (acute)  
Tobacco

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19\_\_\_\_

19. UNDERTAKER (ADDRESS)

20. FILED DEC 21 1936 W.C. Webb Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) W.E. Kappenbrink, M. D.  
(Address) Highville mo

SUPPLEMENTAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

37174

RECEIVED