

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

Do not use this space.

NOV 28 1936

**1. PLACE OF DEATH**

County Jackson Registration District No. 403 File No. 49212  
 Township Brookings Primary Registration District No. 5557 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Stillborn Baby Peters

(s) Residence, No. 74th and Sycamore St. \_\_\_\_\_ Ward. \_\_\_\_\_ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. (mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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>—</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>—</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24, 1936</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>0</u>
		If LESS than 1 day <u>0</u> hrs. or <u>0</u> min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>—</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 <u>—</u>

12. BIRTHPLACE (CITY OR TOWN) Kansas City RFD 2  
 (STATE OR COUNTRY) Missouri

13. NAME Michael Peters

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

15. MAIDEN NAME Velma Hammond

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

17. INFORMANT Dr. J. M. Eubank  
 (ADDRESS) RAYTOWN, MO.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE White City, Kansas DATE Oct. 25, 1936

19. UNDERTAKER E. C. Hegert  
 (ADDRESS) Raytown, Mo.

20. FILED 10-24 1936 J. M. Eubank M.D.  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Stillborn, 19— to —, 19—

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

Unknown

Other contributory causes of importance:  
UNKNOWN

Name of operation — Date of —  
 What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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) J. M. Eubank M.D., M. D.  
 (Address) Raytown, Mo.

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.

The following information was obtained from the records of the  
 Department of the Interior, Bureau of Land Management, on the  
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument  
 is situated in the County of [County Name], State of [State Name],  
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],  
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the  
 office of the County Clerk of the County of [County Name],  
 State of [State Name], on the [Date] day of [Month], 19[Year].

In testimony whereof, the County Clerk has hereunto set  
 his hand and the seal of said County at [City], State of  
 [State Name], this [Date] day of [Month], 19[Year].

[Signature of County Clerk]

[Signature of Owner Name]