

FEB 5 1937

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

Do not use this space.

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1. PLACE OF DEATH ^{FEB 5 1937}
County Bates Registration District No. 47
Township Beers Creek Primary Registration District No. 4027
City Adrian (No. _____) St. _____ Ward _____

File No. 1
Registered No. 1

2. FULL NAME Peter Feraris Jr.
(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

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 26 - 1870.</u>		
7. AGE	YEARS	MONTHS
<u>66</u>	<u>11</u>	<u>10</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>	
	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) <u>Montgomery, Ill.</u>		
MOTHER	13. NAME <u>Peter Feraris Sr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary Somichal</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT (ADDRESS) <u>P. Feraris</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Resent Hill</u> DATE <u>Jan 3</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Leath and Dix Adrian</u>		
20. FILED <u>Jan 5 - 1937</u> <u>Ethel C. Stephens</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 1 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
Struck by moving railroad train receiving numerous fractures (R lower leg, left forearm, L jaw & possible skull fracture. Deep laceration over L Hip

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence, fall in also the following: Accident, suicide, or homicide Accident Date of injury Jan 37
Where the injury occur? Adrian - Bates Co. Mo. (Specify city or town, county, and State).
Specify whether injury occurred in industry, in home, or in public place. Struck by moving R.R. train.
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Richard Hill M. D.
(Address) Coroner - Bates Co. Missouri

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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
 Bureau of the Census, Department of Commerce, Washington, D. C.
 in connection with the investigation of the above-named
 individual. It is noted that the individual in question
 was born on [redacted] at [redacted] and
 is currently residing at [redacted].
 The individual is listed as being employed by [redacted]
 and is reported to have a net worth of [redacted].
 It is further noted that the individual has been
 reported to have received a [redacted] from
 the [redacted] in [redacted].
 The above information was obtained from the records of the
 Bureau of the Census, Department of Commerce, Washington, D. C.
 on [redacted] at [redacted].