

MAY 17 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Boone
 Township Cedar
 City (No. _____) _____ St. _____ Ward _____

 Registration District No. 71
 Primary Registration District No. 5110A

 File No. 15665
 Registered No. 11
2. FULL NAME John Moses Divers
 (a) Residence, No. Easley REDS Ward. _____

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 male 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) Mattie Divers
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9th 1859
 7. AGE YEARS 77 MONTHS 6 DAYS — If LESS than 1 day, _____ hrs. or _____ min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Callaway Co Mo13. NAME Aquilla Divers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.15. MAIDEN NAME Mary Cheatham16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.17. INFORMANT J. B. Crane (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

 PLACE White Cloud DATE April 11th 1937
19. UNDERTAKER R. O. Sells (ADDRESS) _____20. FILED May 4, 1937 Francis Nichols Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9th 1937
 22. I HEREBY CERTIFY, That I attended deceased from Apr-8, 1937, to Apr 9, 1937

 I last saw him alive on Apr 9, 1937. Death is said to have occurred on the date stated above, at 11:45 p.m.

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

gastric hemorrhage
caused by gastric ulcer
 Date of onset _____
Other contributory causes of importance: 1170
 Name of operation _____ Date of _____
 What test confirmed diagnosis? stomach 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? _____

 If so, specify _____ (Signed) H. H. Peyer, M. D.

 (Address) Eschard 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.

