

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

Do not use this space.

**JUN 16 1937**

1. PLACE OF DEATH  
 County Bollinger Registration District No. 70 File No. 19399  
 Township Whitewater Primary Registration District No. 5109 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Peter Monroe Statler  
 (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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Statler  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jun, 7 1851  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
85 9 18

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 26 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Mar 9 1937, 19\_\_\_\_, to Mar 25 1937, 19\_\_\_\_.  
 I last saw him alive on Mar 9 1937, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 5 P. m.  
 The principal cause of death and related causes of importance were as follows:

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 \_\_\_\_\_

Paralysis of respiration  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance:  
Cardio renal Disease

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co., Mo.

MOTHER FATHER  
 13. NAME Adam Statler

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

15. MAIDEN NAME Jaco

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger Co., Mo.

17. INFORMANT Daniel Statler  
 (ADDRESS) Biehle, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Whitewater DATE 3/27, 1937

19. UNDERTAKER Yard & Son  
 (ADDRESS) Whitewater

20. FILED 5/26 1937  
 Registrar \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) W. H. Bailey, M. D.  
 (Address) Parryville, Mo.

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

