

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

Do not use this space.

JUL 10 1937

1. PLACE OF DEATH

County Jackson
Township Law
City N. E. Mo. (No. 2020 Agnes, Ave.)

Registration District No. 399
Primary Registration District No. 1002

File No. 22982
Registered No. 333
St. 2 Ward

2. FULL NAME

(a) Residence, No. 2020 Agnes 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 Female 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-1-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 9 27

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

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) Indiana

13. NAME Stephens Peters

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

15. MAIDEN NAME Tabitha Shinn

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

17. INFORMANT Eddie Wade
(ADDRESS) 2020 Agnes

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lawrence, Mo. DATE June-30-1937

19. UNDERTAKER Mrs. E. L. Sparta
(ADDRESS) 9718 Brookline Ave

20. FILED 729 1937 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-28-1937

22. I HEREBY CERTIFY, That I attended deceased from June 27 1937 to June 27 1937

I last saw him alive on June 27 1937 Death is said to have occurred on the date stated above, at 12:40 AM

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

Chronic Valvular Heart Disease
Chronic myocarditis
Date of onset ?

Other contributory causes of importance:

Senility
Dehydration

Name of operation Chinjal Date of ?

What test confirmed diagnosis? NO Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? L Date of injury L 1937

Where did injury occur? L (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. L

Manner of injury L

Nature of injury L

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify Refd Perry (Signed) M. D.

(Address) 4800 E. 24th St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

4800 6 69 ✓
2 10 min.