

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.

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

Do not use this space.

1. PLACE OF DEATH

County Peru
Township Peruville mo
City Peruville mo

Registration District No. 660
Primary Registration District No. 4396

File No. 24531
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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 Female 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 Vance Tucker
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 1 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Peru Co Mo

13. NAME John Steyns

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

15. MAIDEN NAME Johanna Johnson

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

17. INFORMANT (ADDRESS) Mr Vance Harvey
Peruville

18. BURIAL, CREMATION, OR REMOVAL PLACE Belgique Cemetery DATE 6-21 1937

19. UNDERTAKER (ADDRESS) Thos J. Carr
Peruville mo

20. FILED 6-20 1937 Joel J. Joell
Carron Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1937

22. I HEREBY CERTIFY That I attended deceased from 4-12 to June 19 1937
I last saw h. ER alive on June 18 1937 Death is said to have occurred on the date stated above, at 3:00 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1 yr.
Ischemic right leg 2 months
Arthritis obturator right leg
Other contributory causes of importance: Amputation right leg

Name of operator Amputation right leg Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Oscar A. Carron M. D.
(Address) Peruville Mo.

