

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

Do not use this space.

1. PLACE OF DEATH OCT 19 '37 2
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City K. C. Mo. (No. 3517 , Main St. _____ Ward) _____

2. FULL NAME W. Theodore Peters
 (a) Residence, No. 3517 Main 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.

33278

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

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 Mrs. Mary Elizabeth Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1, 1868

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>69</u>	<u>6</u>	<u>11</u>		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Men's Wear

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) Danville, Ill.

13. NAME C.C. Peters

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) George C. Peters
4440 Broadway

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Moriah DATE Sept 15, 1937

19. UNDERTAKER (ADDRESS) Wagner Funeral Home
204 W. Linwood

20. FILED Sept 13, 1937 Broove
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12, 1937

22. I HEREBY CERTIFY, that I attended deceased from Dec 20, 1936 to Sept 12, 1937
 I last saw him alive on Sept 12, 1937 Death is said to have occurred on the date stated above, at 3:15 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 9/12/37

Other contributory causes of importance:

Hypertension
Chronic Nephritis
 Name of operation None Date of _____
 What test confirmed diagnosis? Lab. studies 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) Eugene Carbaro M.D.
 (Address) 714 Bryan St

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.

