

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 6215 File No. 33873
Township " Primary Registration District No. 3009 Registered No. 292
City Cape Girardeau (No. S.E. Mo. Hospital) St. _____ Ward _____

2. FULL NAME Edward B Peyton

(a) Residence, No. _____ St., _____ Ward. _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
80 5 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Miller
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) St. Charles County13. NAME Alford Peyton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Laura Barwise16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT Mrs Pearl Vincent
(ADDRESS) Wichita Kan.18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Charles Mo DATE Sept 18 193719. UNDERTAKER Brinkopf Howell
(ADDRESS) Cape Girardeau Mo20. FILED 9-16 1937 J. M. Thompson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16 193722. I HEREBY CERTIFY, That I attended deceased from 10-29 1936 to 9-16 1937I last saw him alive on 9-16 1937 Death is saidto have occurred on the date stated above, at 2:05 p m

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

Myocarditis
Bacterial Pneumonia
Date of onset: 10-29-36
9-12-37

Other contributory causes of importance: NoneName of operation None Date of _____
What test confirmed diagnosis? Blood Count Was there an autopsy? Yes23. 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? No
If so, specify _____(Signed) R. D. Ritter, M. D.(Address) Cape Girardeau 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.

