

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.

OCT 20 1937

34166

1. PLACE OF DEATH

County Franklin Registration District No. 296
 Township _____ Primary Registration District No. 4180
 City Union (No. 2) St. _____ Ward _____

2. FULL NAME Henry W. Peters

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha S. Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 21, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 2

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. Farm
 10. Date deceased last worked at this occupation (month and year) Sept. 1, 1937 11. Total time (years) spent in this occupation _____

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

13. NAME Henry W. Peters

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

15. MAIDEN NAME Caroline L. Weimann

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

17. INFORMANT Mrs. Bertha S. Peters
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Union Cemetery
 PLACE Union, Mo. DATE Sept. 26, 1937

19. UNDERTAKER Union Furn. Co. (W.H. Horn)
 (ADDRESS) Union, Mo.

20. FILED Oct 19 37 J. Marshall Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 4:05 p.m.

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

Chronic Myocarditis
apoplexy
 Date of onset _____
 Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? Microscopic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? None Date of injury _____, 19____

Where did injury occur? at home (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Thos. P. Shaffer M.D.
 (Address) Union, Mo.

