

DEC 15 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Callaway Registration District No. 104
 Township Fulton Primary Registration District No. 3008
 City Fulton (No. State Hosp #1)
 File No. 40809
 Registered No. 261
 St. _____ Ward _____

2. FULL NAME C. Henry Peiter
 (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 0 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise Peiter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12, 1865</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>9</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Farmer</u>	
	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) <u>Germany</u>		
FATHER	13. NAME <u>Henry Peiter</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Marie Waldutter</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Hosp. Records Fulton, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Nov 7</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Leo Wallace Fulton Mo</u>		
20. FILED <u>Nov 6</u> 19 <u>37</u> <u>R. M. Crews</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22 1937, to Nov. 5 1937
 I last saw him alive on Nov. 5 1937. Death is said to have occurred on the date stated above, at 6⁰⁰ m.
 The principal cause of death and related causes of importance were as follows:
Arteriosclerotic Heart Disease DK
95B2
Ulcerative Colitis ref/ref
Senility

Name of operation _____ 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Yes. R. Mulkey I, M. D.
 (Signed) Fulton, Mo.
 (Address)

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

