REC'D APR 14 1938

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

10168
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 2 Registration District No. 35
(b) Township 1 Primary Registration District No. 2001 Registered No. 306
(c) City St. Joseph, (d) Street No. 904 Ashland Court, St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ethel B. Peoples, 142
(a) Residence, No. 904 Ashland Court, St. ☐
(Usual place of abode, if no street address, write county or city) (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): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ralph V. Peoples,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb'y 13, 1895
7. AGE: YEARS 43 MONTHS 1 DAYS 0 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home,
9. Industry or business in which work was done, as 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): Saint Joseph, Missouri, 6

FATHER
13. NAME: Elijah M. Birkes, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pierce City, Missouri, 0

MOTHER
15. MAIDEN NAME: Hattie F. Haynes,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stewartsville, Missouri,

17. INFORMANT (ADDRESS): Mrs Hattie F. Birkes 904 Ashland Court,
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE March 15 1938
19. FUNERAL DIRECTOR (ADDRESS): Theaton-Bergold Bowman 319 So. 10th Str. Funeral Home
20. FILED 3/14 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13th, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 23, 1937, to Mar 13, 1938
I last saw her alive on Mar 12, 1938. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma Left Lung	Sept 1937
50	
Other contributory causes of importance:	
Carcinoma Left breast	Jan 1933

Name of operation Breast Amputation Date of Feb 1933
What test confirmed diagnosis? Ex. X-Ray 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? No
If so, specify
(Signed) E. M. Shores, M. D.
(Address) 317 Kirkpatrick Bldg St. Joseph Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Harold Bowman, Licensed Embalmer No. 3619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W. E. Summerfield

L. E.

No. 3007 or by, Registered Apprentice No.

working under my personal supervision.

Signed Harold Bowman

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)