

REC'D JUN 22 1938

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

Do not use this space.

18764

## 1. PLACE OF DEATH

County LinnTownship JeffersonCity LacledeRegistration District No. 500Primary Registration District No. 4803File No. 6

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary M. Peer(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jacob Henry Peer6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 21, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>76</u>	<u>1</u>	<u>0</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....	<u>At Home</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) Claysville  
(STATE OR COUNTRY) Ohio13. NAME John Ritchey14. BIRTHPLACE (CITY OR TOWN) Claysville  
(STATE OR COUNTRY) Ohio15. MAIDEN NAME Christina Thompson16. BIRTHPLACE (CITY OR TOWN) Claysville  
(STATE OR COUNTRY) Ohio17. INFORMANT John R. Peer  
(ADDRESS) Laclede, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Laclede, Mo. DATE May 23, 193819. UNDERTAKER M. J. Glenn  
(ADDRESS) Laclede, Mo.20. FILED May 24, 1938 Leo O. Plowman  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 193822. I HEREBY CERTIFY, That I attended deceased from May 19, 1938, to May 21, 1938  
I last saw her alive on May 20, 1938 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Cardiac embolism

Date of onset

Other contributory causes of importance:

gastric cancer

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no23. 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) W. F. Lamm449 (Address) Laclede, 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.

