REC'D JUL 14 1938

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

21652
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton — Registration District No. 206
(b) Township Lathrop — Primary Registration District No. 3288A — Registered No. 8
(c) City ..... (d) Street No. ..... 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. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Etta Peters
(a) Residence, No. Turney, Mo. RF. D. 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 Samuel Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25th., 1875

7. AGE: Years 62 | Months 10 | Days 9 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Mirable (STATE OR COUNTRY) Mo

FATHER
13. NAME Martin Van Buren Gordon
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ind

MOTHER
15. MAIDEN NAME Sarah Ellen Clifton
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs A. D. Walker. (ADDRESS) Turney, Mo. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL Pauley Cem. PLACE Clinton Co. Mo. DATE June 5th. 1938

19. FUNERAL DIRECTOR O. A. Moore, (ADDRESS) Cameron, Mo.

20. FILED 6-5- 1938 E. B. Dunkerson Local Registrar. 187

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4 1938

22. I HEREBY CERTIFY, That I attended deceased from May 29 1938, to June 4 1938
I last saw ..... alive on June 4 1938. Death is said to have occurred on the date stated above, at 3 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Measles	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical. 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) M. L. Villers, M. D.
(Address) Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

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, O. A. Moore, Licensed Embalmer No. 1180

hereby certify that the body recorded on the reverse side of this certificate was embalmed by O. A. Moore

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed O. A. Moore

Licensed Embalmer No. 1180

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