

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.

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

Do not use this space.

DEC 19 1938

40155

1. PLACE OF DEATH

County Way Registration District No. 742
Township Belk Primary Registration District No. 5977c
City Lawson (No. _____) St. _____ Ward _____

2. FULL NAME Rosannah Swilla Peak

(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

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 28 - 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19.06 78. 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Indiana

13. NAME Noah Woodyard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Mary Ann Shaper

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

17. INFORMANT (ADDRESS) Mrs. May Rhodus

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson DATE 11-14-1938

19. UNDERTAKER (ADDRESS) Pritchard-Jarman Lawson, Mo.

20. FILED Nov. 13 1938 Edwin Shouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 12 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1938, to Nov. 12, 1938

I last saw her alive on Nov. 12, 1938. Death is said to have occurred on the date stated above, at 1.0 A. m.

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

Carcinoma of Duodenum
Chronic Myocarditis
myocardial failure
Serility

Date of onset

Other contributory causes of importance:

Hb

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) Oleto E. Buehner, M. D.

(Address) Lawson Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 12/6/38