

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

Do not use this space.

587
388

1. PLACE OF DEATH

County Cedar
Township Cedar
City _____ (No. _____)

Registration District No. 163
Primary Registration District No. 52.32

File No. _____
Registered No. 7 St. _____ Ward _____

2. FULL NAME

(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mildred L Peely</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April-3-1858</u>		
7. AGE <u>74</u>	YEARS <u>9</u>	MONTHS <u>21</u>
DAYS <u>21</u>		IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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>Mo</u>		
13. NAME <u>William Peely</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
15. MAIDEN NAME <u>Elizabeth Harvey</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn</u>		
17. INFORMANT <u>Mrs Elmer Carraway</u> (ADDRESS) <u>Cedar Springs Mo. R. 1</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hacklemans (Cem)</u> DATE <u>1-25-1933</u>		
19. UNDERTAKER <u>Giving Sanders</u> (ADDRESS) <u>Cedar Springs Mo</u>		
20. FILED <u>1-24-1933</u> <u>JW Dawson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-24-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 22, 1933, to Jan 24, 1933

Last saw him alive on Jan 22, 1933. Death is said to have occurred on the date stated above, at 1 P m.

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

Date of onset

Other contributory causes of importance:
Mitral Stenosis

Name of operation 92 W 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 _____

(Signed) W. J. Boynton, M. D.

(Address) Cedar Springs

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.

