

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

Do not use this space.

39225

1. PLACE OF DEATH

County Warren
Township Charette
City Marthasville (No.)

Registration District No. 804
Primary Registration District No. B17L

File No.
Registered No. 15
St. Ward)

2. FULL NAME

Mary C Peters

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? 81 yrs. 6 mos. 19 ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

2. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1883

7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min.
83 6 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany
(STATE OR COUNTRY)

10. NAME OF FATHER Simon Lichtenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Louisa Fritag

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. X INFORMANT E. A. Peters
X (Address) Marthasville Mo.

15. FILED Nov 30 28 J. C. Johnson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV 30 19 28

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1928, to Nov 30, 1928, that I last saw her alive on Nov 28, 1928, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Valvular Heart Disease
1847
1847 (duration) yrs. 10 mos. ds.
CONTRIBUTORY Gastroto old age debility
(SECONDARY) (duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: At place of death

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Physical diagnosis
(Signed) Benjamin Brandt, M. D.
, 19 (Address) Forestell Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marthasville Mo DATE OF BURIAL Dec 3 19 28

20. URBERTAKER Breg D Lichtenberg ADDRESS Marthasville Mo

M. R.—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.

RECORD

