

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

Do not use this space.

14073

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
Township Cape Girardeau Primary Registration District No. 3009
City Cape Girardeau St. _____ Ward)

File No. _____
Registered No. 104
St. _____ Ward)

2. FULL NAME

Remona June Peters
(a) Residence. No. 629 Blomfield 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Apr 22 19 29

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

floating caught causing heart failure

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Feb. 2 19 24

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

17

8. OCCUPATION OF DECEASED

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

Child

9. BIRTHPLACE (CITY OR TOWN)

Cape Girardeau

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

J. L. Peters

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

unknown

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Ava Leslie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Reitzville

(STATE OR COUNTRY)

Missouri

14. INFORMANT

Mrs. J. L. Peters

(Address)

Cape Girardeau, Mo

15. FILED

4/23 29

W. C. Kemper

REGISTRAR

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) _____

Chas. B. Jaeger

M.D.

, 19 _____ (Address) Quinn

*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

Lutesville Missouri

DATE OF BURIAL

Apr. 23 19 29

20. UNDERTAKER

Al Bruntopp

ADDRESS

536 Broad

16
 MAY 23 1929
 PHYSICIANS should be stated EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

