WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

9038

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 1320
City Kansas City (No. 3531 Genesee St. Ward)

2. FULL NAME Luella Pearl Peters
(a) Residence. No. 3531 Genesee St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
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: of J. P. Peters

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch-1-1874

7. AGE: YEARS 56 — MONTHS 0 — DAYS 28 — If LESS than 1 day, ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At Home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER: J. H. Bernard
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER: Susan Hall
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Charleston
(STATE OR COUNTRY) West Virginia

14. INFORMANT Mrs S. M. Bernard
(Address) 3531 Genesee St

15. FILED 3/31, 1930 M. M. Crowe Asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mch-29 1930

17. I HEREBY CERTIFY, That I attended deceased from 10-20, 1929, to 3-29, 1930 that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 7:50 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of uterus
48 (duration) ....yrs....mos....ds.

CONTRIBUTORY (SECONDARY) 46 (duration) ....yrs....mos....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature] M. D.
3/30, 1930 (Address) Argyle Bldg

*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: Elmwood — DATE OF BURIAL: 3-31 1930

20. UNDERTAKER: Dw Newcomers Sons — ADDRESS: K.C.

~~Res 5930 Oakwood Road Ho 4746~~

12th & Ms Sec 1-4

~~Trinity Lutb~~