

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

Do not use this space.

2164

1. PLACE OF DEATH
 93 County St. Clair Registration District No. 1005-
 Township Royal Primary Registration District No. 6009
 City Hesta (No. _____) St. _____ Ward _____

2. FULL NAME Cornelius C. Peery
 (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 M **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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15-1854

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>2</u>	<u>25</u>	

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

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) Missouri

FATHER
13. NAME Thomas Peery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Mr. Peery
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) H. Peery, Hesta, St. Clair Co., Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Osceola DATE 1/11 1932

19. UNDERTAKER (ADDRESS) J. Skull, Hesta, Mo.

20. FILED Feb 15, 1932 Minnie B. Gordon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10-1932

22. I HEREBY CERTIFY, That I attended deceased from Mo. Ch. 1930 to 1-10- 1932
 I last saw him alive on Aug 28, 1931. Death is said to have occurred on the date stated above, at 4 P. m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of bladder
 Other contributory causes of importance: None

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. _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. Homer Ditton, M. D.
 (Address) Osceola Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

FEB 24 1932

Make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

2164

Name: Cornelius C. Peery

Who died at: St. Clair Co. Doyal Twp on Jan. 10, 1932

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Carcinoma of Bladder

The Prostate Gland was removed and a

Contributory: Cancerous Condition

Where was disease contracted? _____

Did operation precede death? Prostate Gland Date of 4/10 1928

Was there an autopsy? _____ What test confirmed diagnosis? _____

Name of physician _____

requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Carneilius C. Peery

Who died at: St. Clair Co. on Jan. 10, 1932,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Carcinoma of Bladder
The Prostate gland was removed
in a cancerous condition.

Contributory: Prostate

Where was disease contracted? _____

Did operation precede death? _____ Date of _____