

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

Do not use this space.

**20781**

**1. PLACE OF DEATH**

County Randolph Registration District No. 735  
 Township Engel Creek Primary Registration District No. 3034  
 City Moberly, Mo. (No. Woodland Hospital) St. 2nd Ward

File No. \_\_\_\_\_  
 Registered No. 120  
 St. 2nd Ward

**2. FULL NAME** Marcius Baldwin Peters, Jr., Mo.

(a) Residence, No. Woodland Hospital, Fayette, Mo. 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male  
**4. COLOR OR RACE** White  
**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (*write the word*) Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Laura Peters  
**6. DATE OF BIRTH** (MONTH, DAY, AND YEAR) 10-21-1854  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 8 24  
**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** Life

OCCUPATION

FATHER

MOTHER

**12. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Fayette, Mo.  
**13. NAME** William Peters  
**14. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
**15. MAIDEN NAME** Louisa Unknown  
**16. BIRTHPLACE** (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
**17. INFORMANT** (ADDRESS) Laura Peters - wife Fayette - Mo.  
**18. BURIAL, CREMATION, OR REMOVAL** PLACE Fayette, Mo. DATE 1933  
**19. UNDERTAKER** (ADDRESS) Guy T. Harey Fayette, Mo.  
**20. FILED** 6/10 19 33 Thos. Fleming Registrar

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH** (MONTH, DAY, AND YEAR) June 15th, 19 33

**22. I HEREBY CERTIFY**, That I attended deceased from June 14th, 19 33, to June 15th, 19 33

I last saw him alive on June 15, 19 33 Death is said to have occurred on the date stated above, at 11:40 P. M.

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

Chronic Myocarditis

930  
950 430  
1020

Date of onset  
?

Other contributory causes of importance:

Hypertensive Heart Disease  
Hypertension

?  
?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

**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?** No

If so, specify \_\_\_\_\_

(Signed) Thos. S. Fleming, M. D.

(Address) Moberly, Missouri

