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.

NOV 10 1933

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

Do not use this space.

33932

1. PLACE OF DEATH
County: Osage — Registration District No.: 642 — File No.:
Township: Washington — Primary Registration District No.: 4386 — Registered No.:
City: Westphalia (No. ..., St. ..., Ward)

2. FULL NAME: Henry Peitzmeyer Jr
(a) Residence, No. Westphalia Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 yrs. 4 mos. 8 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5/30, 1918

7. AGE: Years 15 — Months 4 — Days 8 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Attending School
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: School
10. Date deceased last worked at this occupation (month and year): May, 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Westphalia Mo

FATHER
13. NAME: Henry Peitzmeyer Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage Co Mo

MOTHER
15. MAIDEN NAME: Mamie Kassmer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Osage Co Mo

17. INFORMANT (ADDRESS): Henry Peitzmeyer Sr

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Westphalia Cem DATE: Oct 10, 1933

19. UNDERTAKER (ADDRESS): Neighbors of deceased

20. FILED: Oct 9, 1933 Mary L. Plager (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from July, 1933, to Oct 8, 1933
I last saw him alive on Oct 2, 1933. Death is said to have occurred on the date stated above, at 5:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous Leukemia	
72 h	

Other contributory causes of importance:

Name of operation: None — 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) Conrad S. Vielhaf, M. D.
(Address) Westphalia Mo