

MAR 24 1934

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

Do not use this space.

B

1. PLACE OF DEATH

County Jefferson  
Township Waller  
City Wentzville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 420  
Primary Registration District No. 3022

File No. 1651-A  
Registered No. 6

2. FULL NAME

(a) Residence, No. 354 1/2 of 1st St. Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Clyde Peppy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1907

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>26</u>	<u>1</u>	<u>3</u>	

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

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) St. Louis, Missouri (STATE OR COUNTRY)

13. NAME Anthony Murnaghan

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

15. MAIDEN NAME Myra Schoch

16. BIRTHPLACE (CITY OR TOWN) Bismarck, Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. H. Boyer, Desoto Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Feb. 3 1934

19. UNDERTAKER (ADDRESS) Joseph B. Dietrich, Desoto Mo.

20. FILED 2/2 1934 W. H. Harris Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1934

22. I HEREBY CERTIFY that I attended deceased from Jan 17, 1934, to Jan 31, 1934

I last saw h. u. alive on Jan 31, 1934. Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Puerperal Sepsis  
145A  
145B  
145C

Other contributory causes of importance Confinement

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

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) David Ford, M. D.  
(Address) Desoto Mo.

