

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

Do not use this space.

16569

1. PLACE OF DEATH

County Jackson

Registration District No. 398

Township

Primary Registration District No. 3019

City Independence (No. 3054)

File No. _____

Registered No. 174

St. _____ Ward _____

2. FULL NAME

Maurice Peiser

(a) Residence, No. 616 W. Lexington St. St. _____ Ward _____

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da. (If nonresident, give city or town and State)

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 Sophy Peiser

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 62 8 - 13

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

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) Independence Mo.

13. NAME Matthias Peiser

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Marie Ensel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Maurice Peiser 616 West Lexington St. Ind. Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Woodlawn DATE May 18, 1934

19. UNDERTAKER (ADDRESS) W. Mitchell 2nd Independence Mo.

20. FILED May 16 1934 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 7, 1934 to May 15, 1934

I last saw him alive on May 15, 1934 Death is said to have occurred on the date stated above, at 6:45 P.M.

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

Acute Cardiac Dilatation (Died in 10 minutes) Date of onset May 15, 1934

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Other contributory causes of importance: Branchial asthma (Spasmodic recurrent) 5-7-34

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? no Date of injury _____ 19 _____

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no injury

Manner of injury no injury

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) W. Mitchell, M. D.

(Address) Independence Mo

JUN 22 1934

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.

