

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

Do not use this space.

AUG 11 1937

26303

1. PLACE OF DEATH

County *Jackson*
Township *Jaw*
City *Hauska City* (No. *1312*, *Holmes St*)

Registration District No. *399*
Primary Registration District No. *1002*

File No. _____
Registered No. *2016*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *1312 Holmes* 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 Male Female
4. COLOR OR RACE White Black Other
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Daniel R. Reeples*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 23 1886*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
35 51 0 21

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) (STATE OR COUNTRY) *no*

13. NAME *Oscar Craven*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Mrs R W Miles*
(ADDRESS) *1312 Holmes St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Corder mts* DATE *7-16-1937*

19. UNDERTAKER *Mrs L J Frista*
(ADDRESS) *418 Brooklyn*

20. FILED *July 15 1937* *M M Crowe, asst Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 14 1937*

22. I HEREBY CERTIFY, That I attended deceased from *8-14 1937* to *7-14 1937*

I last saw her alive on *7-5-37* Death is said to have occurred on the date stated above, at *9:30 a.m.*

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

*Chs glomerular nephritis
Chs valvular disease with
decompensation*

Other contributory causes of importance:
arter. 131

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) *Lord J Lowrey*, M. D.
(Address) *Kansas City Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should plate EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should plate EXACTLY. PHYSICIANS should plate EXACTLY.

7-8-37 8497

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Va 0954

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson
Township J. C.
City J. C. (No. _____)

Registration District No. 399
Primary Registration District No. 1002

File No. 26303
Registered No. 3016
St. _____ Ward _____

2. FULL NAME

Anna Mervina Peoples

(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 ♀ 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 0 21

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED July 15 1937 Dr. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset

SUPPLEMENTARY

Other contributory causes of importance:

Name of operation _____ 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?
If so, specify _____

(Signed) Ward J. Lourey, M. D.
(Address) London City

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-263.03