

OCT 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County JACKSON
Township RAW
City A.C.

Registration District No. 399Primary Registration District No. 100File No. 33312Registered No. 3700(No. 3615 WEST ROANOKE RD. St. _____ Ward _____)2. FULL NAME SARAH REBECCA PEIPMEIER(a) Residence, No. 3615 W ROANOKE St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FE 4. COLOR OR RACE WH. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF JNO PEIPMEIER6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 21-18557. AGE YEARS 82 MONTHS 6 DAYS 28 If LESS than 1 day, hrs. or min.

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

AT HOME

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) OHIO13. NAME JNO TERRY14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK15. MAIDEN NAME THEODOCIA VANDANSON16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NEW YORK17. INFORMANT MRS DAISY L BLAND (ADDRESS) 3615 WEST ROANOKE RD.

18. BURIAL, CREMATION, OR REMOVAL

PLACE APPLETON CITY MO SEPT 21 193719. UNDERTAKER D W NEWCOMERS SONS (ADDRESS) A C MO20. FILED Sept 19 1937 M. M. Browne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 19 193722. I HEREBY CERTIFY, That I attended deceased from 3:15 A.M. Sept 19 37 to 5:30 A.M. Sept 19 37I last saw h. Sept 19 37 alive on Sept 19 37 Death is said to have occurred on the date stated above, at 5:30 A.M.

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

Angina Pectoris94a

Other contributory causes of importance:

Arteriosclerosis

Name of operation _____ Date of _____

What test confirmed diagnosis? Edinburg 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) Charles W. Johnson M. D.(Address) 826 Ogden Bldg,Kansas City Mo.

Every year or more 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.

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