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

11109
Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 411
(b) Township Primary Registration District No. 2002 Registered No.
(c) City Joplin (d) Street No. 2002 Porter St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Katherine Peters 362
(a) Residence, No. 2002 Porter St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 10-38
7. AGE YEARS 0 MONTHS 0 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Joplin Mo

FATHER
13. NAME Joe Peters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

MOTHER
15. MAIDEN NAME Mary E. Stares
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo

17. INFORMANT (ADDRESS) Joe Peters Joplin Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Mem Pk DATE 3/29 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Neuhart Und Co Joplin Mo
20. FILED 3-29, 1938 Ed D James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27-, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 22, 1938, to March 27, 1938
I last saw her alive on March 27-1938, 19 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
~~Acute Indigestion~~	
Sclerema Neonatorum	Mar 22
Other contributory causes of importance: 151C	
Acute Indigestion	Mar. 27

Name of operation ✓ Date of ✓
What test confirmed diagnosis? No tear 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) Otis L. Dickey DO ~~M. D.~~
(Address) 501-2 Frisco Bldg Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

Dickey

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

_____, or by _____

Registered Apprentice No._____, working under my personal supervision.

Signed Steve Parker

Licensed Embalmer No. 2548

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.).

If this body is not embalmed, above space should be left blank.