REC'D JUN 22 1938

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

18846
Do not use this space.

1. PLACE OF DEATH
(a) County: Marion — Registration District No.: 347
(b) Township: Mason — Primary Registration District No.: 3029 — Registered No.: 131
(c) City: Hannibal — (d) Street No.: 2219 Spruce 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: 42 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Thelma Frances Peer
(a) Residence, No.: 2219 Spruce St. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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: Peter M. Peer
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 14, 1896
7. AGE: Years 42 — Months 2 — Days 15 — If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: At home
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal, Mo. 0

FATHER
13. NAME: Ira L. Simms 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hannibal Mo. 0

MOTHER
15. MAIDEN NAME: Mary Frances Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ralls County Mo.

17. INFORMANT (ADDRESS): Peter M. Peer Hannibal, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Grand View DATE: May 1, 1938

19. FUNERAL DIRECTOR (ADDRESS): Roy P. Schwartz Hannibal Mo.

20. FILED: May 2, 1938 W. C. Fisher Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 15 1938 to April 29, 1938
I last saw him alive on Apr 29, 1938. Death is said to have occurred on the date stated above, at 7:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Sudden Death. Coronary Disease	4/29
Chr. Valvular Disease. Cardiac	about 19 yrs ago.
Cardiac Decompensation	about 4/10/38.

Other contributory causes of importance:

Name of operation: No Date:
What test confirmed diagnosis: Clinical + Laboratory 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) J. C. Eckman, M. D.
(Address) Hannibal Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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