

REC'D FEB 6 1939

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

Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
 County New Madrid  
 Township Wash.  
 City Morhous (No. 531)  
 Registration District No. 683  
 Primary Registration District No. 4867  
 File No. 3207  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Wanda Joyce Smith Peters  
 (a) Residence, No. Morhous St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. 6 mos. 27 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_  
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F  
 4. COLOR OR RACE W.  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 14 1937  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
6 27  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
 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) Morhous MO  
 13. NAME David Wesley Smith Peters  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas  
 15. MAIDEN NAME Hazel Farris  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portageville MO  
 17. INFORMANT David Smith Peters  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Portageville DATE \_\_\_\_\_ 19\_\_\_\_  
 19. UNDERTAKER Albritton  
 (ADDRESS) Portageville  
 20. FILED 4/26 1939 L. Parrish  
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1937  
 22. I HEREBY CERTIFY, That I attended deceased from 9-10-1937, to 9-11-1937  
 I last saw her alive on 9-11-1937. Death is said to have occurred on the date stated above, at 9 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Enterocolitis  
 Date of onset 9. 11. 37  
 Other contributory causes of importance: \_\_\_\_\_  
 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 none, 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.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) O.A. Gase, M. D.  
 (Address) Morhous MO

Exact statement of OCCUPATION is very impor.

