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

Do not use this space.

10395

File No.

Registered No.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1. PLACE OF DEATH

(a) County Montgomery — Registration District No. 1095

Township — Primary Registration District No. 4336

City ... (No. ..., ... St. ... Ward)

2. FULL NAME Lycurgus S. Peters

(a) Residence, No. ... St., ... Ward. ... (If nonresident, give city or town and State)
(Usual place of abode)

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 OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. L. S. Peters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 - 1860

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
73	2	3	

OCCUPATION

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

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) Montgomery Co

FATHER

13. NAME Samuel B. Peters

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

MOTHER

15. MAIDEN NAME Artie M. Smiley

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

17. INFORMANT (ADDRESS) Mrs L. S. Peters California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Masonic Cem DATE 4/4 19 33

19. UNDERTAKER (ADDRESS) Williams & Friedmeyer

20. FILED 4-1 19 33 J. C. Martin Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 31 , 1933

22. I HEREBY CERTIFY, That I attended deceased from 2 - 24 , 1933, to 3 - 31 , 1933

I last saw h... alive on 3 - 31 - 1933. Death is said to have occurred on the date stated above, at 11 43 A.M.

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

	Date of onset
Arteriosclerosis	

Other contributory causes of importance: Chronic Valvular Heart trouble

Name of operation None Date of ...

What test confirmed diagnosis? Physical 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) H. R. DeBeque, M. D.

(Address) California Mo