

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

1922

1. PLACE OF DEATH

County Jackson Registration District No. 307 File No. 1834
 Township Ross Primary Registration District No. 1002 Registered No. _____
 City Kansas City, Mo. (No. Research 403) St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 902 East 29 St. Ward. _____
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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 Dr Julius Bruehl

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 1 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
62 | | 22 | |
 or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer) Housework
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) New York

10. NAME OF FATHER

Adolph Peterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

Jovina Callam

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14.

INFORMANT Dr Julius Bruehl
 (Address) 902 East 29 St

15.

FILED 4/25 1922 m. m. 6 rowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1922

17. I HEREBY CERTIFY, That I attended deceased from Apr 22, 1922 to Apr 22, 1922 that I last saw h. or alive on Apr 22, 1922, and that death occurred, on the date stated above, at 9:30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis Chronic
93C

probable (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) (probable) Uraemia
 (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH...
 DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? None ✓

(Signed) T. H. Hoxie, M. D.

(Address) 1002 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS and NATURE of INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St Washington Cem DATE OF BURIAL April 25 1922

20. UNDERTAKER

John W Wagner ADDRESS 1409 Grand Ave

M. R.—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.

