

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

Do not use this space.

30369

1. PLACE OF DEATH

County.....**Jackson**.....
Township.....**Kaw**.....
City.....**Kansas City**..... (No. **4627**)

Registration District No. **399**
Primary Registration District No. **1002**
..... **Genesee**

File No.
Registered No. **30369**
St. **7** Ward)

2. FULL NAME Hedvig Peterson

(a) Residence. No. **4627 Genesee**..... St., **7** Ward,
(Usual place of abode) (If nonresident give city or town and State)

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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Aric Peterson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 15 1848**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 **II** **27**

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).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... **Sweden**
(STATE OR COUNTRY)

10. NAME OF FATHER..... **Not Known**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **Sweden**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Hedvig Lason**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **Sweden**
(STATE OR COUNTRY)

14. INFORMANT..... **Gus E. Peterson**
(Address) **4627 Genesee**

15. FILED **10/13** 19**27** **Wm. M. Brown**
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Oct. 12 1927**

17. I HEREBY CERTIFY, That I attended deceased from **October 7**, 19**27**, to **Oct. 12**, 19**27**, that I last saw her alive on **Oct. 11**, 19**27**, and that death occurred, on the date stated above, at **4:30 A.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
Relapsing

107A
92A (duration) yrs. mos. **2** ds.

CONTRIBUTORY (SECONDARY) **Arteriosclerosis (Sclerosis) ?**
(duration) **6** yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Physical Exam.**
(Signed) **Eugene N. Ferguson, M.D.**

10/13 19**27** (Address) **1810 W 45th St**

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... **Forest Hill**..... DATE OF BURIAL **Oct. 15 1927**

20. UNDERTAKER..... **J. W. Wagner 1409 Grand Ave.**
ADDRESS

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.

DEPARTMENT RECORD

1510 W. 143th St.

HY9982