

MAR 21 1928

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

Do not use this space.

## 1. PLACE OF DEATH

County PettisRegistration District No. 665Township SedaliaPrimary Registration District No. 3032City Sedalia (No. ....)File No. 5880Registered No. 56

St. .... Ward)

## 2. FULL NAME

(a) Residence. No. Logus J Peterson St. .... Ward. Warrensburg, Mo

(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

M

## 4. COLOR OR RACE

W

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widower

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

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 14-1857

## 7. AGE

YEARS 73MONTHS 8DAYS 1

If LESS than 1 day, .... hrs. or .... min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Hammark

## 10. NAME OF FATHER

P J Peterson

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hammark

## 12. MAIDEN NAME OF MOTHER

Don't know

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

## 14.

INFORMANT J A Peterson  
(Address) Warrensburg

## 15.

FILED 2-22-28 J. J. Love  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 21 1928

17. I HEREBY CERTIFY, That I attended deceased from .....

....., 19....., to ....., 19....., and that that I last saw h. .... alive on ....., 19....., and that death occurred, on the date stated above, at..... m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Regurgitation and dilatation of heart 92.4 Dropped dead 9.5 B  
(duration) ..... yrs. .... mos. .... ds.

## CONTRIBUTORY (SECONDARY)

## 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.....

(Signed) Logus J Peterson M. D.2-27, 19 28 (Address) Sedalia Mo

\*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

DATE OF BURIAL

Warrensburg Feb 23 1928

## 20. UNDERTAKER

ADDRESS

Pellegrin Sedalia

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Amount of cause should be carefully supplied.

AUG 31 1949