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

Do not use this space.

8751

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township [illegible] — Primary Registration District No. 3019 — Registered No. 110
City Independence (No. ..... St. ..... Ward)

2. FULL NAME Lela Ada Wahoz Peterson
(a) Residence. No. 519 South Crysler St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 17 yrs. 0 mos. 0 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 17, 1902

7. AGE: 25 Years — 9 Months — 28 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: School Girl
(b) General nature of industry, business, or establishment in which employed (or employer): At Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: A. H. Wahoz Peterson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): New York City
(STATE OR COUNTRY): New York
12. MAIDEN NAME OF MOTHER: Ada Lowe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Decatur
(STATE OR COUNTRY): Illinois

14. INFORMANT: Mrs. A. H. Peterson
(Address) 519 So. Crysler.

15. FILED 3/20, 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-16- 1928

17. I HEREBY CERTIFY, That I attended deceased from March 16, 1928, to March 16, 1928, that I last saw her alive on March 16, 1928, and that death occurred, on the date stated above, at 11 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis
81A
78B
(duration) 1 mos. 6 ds.
CONTRIBUTORY (SECONDARY): Chronic Spinal
Muscular Atrophy (duration) 5 yrs. — mos. — 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? Labor & Clinical
(Signed) Chas. Lawson, M.D.
3/17, 1928 (Address) Independence 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: Mound Grove — DATE OF BURIAL: 3-18- 1928

20. UNDERTAKER: C. D. Carson & Son — ADDRESS: Independence, Mo.

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.