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

Do not use this space.

13607

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Beda Mae Peterman,

(a) Residence. No. 921 Locust St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fem.
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: Grover Peterman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 22, 1895.

7. AGE: Years 32 — Months 8 — Days 6 — If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Minnesota

PARENTS

10. NAME OF FATHER: A.G.Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Minn.
12. MAIDEN NAME OF MOTHER: Laura Quiggle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Minn.

14. INFORMANT: Grover Peterman,
(Address) 921 Locust St.

15. FILED 4/30, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from April 25, 1928, to April 28, 1928, that I last saw her alive on April 28, 1928, and that death occurred, on the date stated above, at 8:35 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia following Septic Sore throat.

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Septic Sore throat

(duration) yrs. mos. 6 ds.

10981

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Pathological Findings

(Signed) J. R. McCormack, M.D.

4/30/1928 (Address) 2855 Jo wear Blvd. Kans.

*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: Maple Hill — DATE OF BURIAL: 5/1/ 1928

20. UNDERTAKER: H. W. Gates — ADDRESS: K.C.Ks.

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.