

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

Do not use this space.

13899
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File No. _____
Registered No. 223 _____
St. _____ Ward) _____

1. PLACE OF DEATH

County Laurens Registration District No. 471
Township Peru Primary Registration District No. 56.34
City _____ (No. _____ St. _____ Ward) _____

2. FULL NAME

Ms. Gertrude Lavoda Peterson

(a) Residence No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 12 1928

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 25 1928, to April 12 1928 that I last saw h. or alive on April 12 1928, and that death occurred, on the date stated above, at 10:30 am.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 33 | 9 | 20

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza 141
143 W 113
(duration) yrs. mos. 21 ds.

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 _____

CONTRIBUTORY Miscarriage
(SECONDARY) (duration) yrs. mos. 10 ds.

9. BIRTHPLACE (CITY OR TOWN) Laurens Co
(STATE OR COUNTRY) MO

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

10. NAME OF FATHER John Bundy

Did an OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Laurens Co, MO

WHAT TEST CONFIRMED DIAGNOSIS? Physicians findings
(Signed) Ernest Mitchell, M. D.
, 19 (Address) Monett Mo.

12. MAIDEN NAME OF MOTHER Mary Benbrook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Laurens Co, 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.

14. INFORMANT Martin Peterson
(Address) Monett Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Liberty Cemetery DATE OF BURIAL 4/14/28

15. FILED 5/10 1928 A. R. Clark
REGISTRAR

20. UNDERTAKER Callaway's ADDRESS Monett

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

