

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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**City **St Louis**(No. **2109**)**Singleton**File No. **22343**Registered No. **6532**

St.

Ward.....

2. FULL NAME(a) Residence. No. **2109**

(Usual place of abode)

St. **22**

Ward.....

(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****Male****4. COLOR OR RACE****Colored****5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)****married****5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF****6. DATE OF BIRTH (MONTH, DAY AND YEAR)****Nov. 30 1878****7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

49**6****17****8. OCCUPATION OF DECEASED**

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

Laborer

(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)

Montgomery Ala**10. NAME OF FATHER****Robert Peterson****11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Ga**12. MAIDEN NAME OF MOTHER****Unknown****13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown**14.**INFORMANT
(Address)**J. W. Kerner
Coroner's Office****15.**FILED
JUN 21 1928**May 21 1928**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH**16. DATE OF DEATH (MONTH, DAY AND YEAR)****June 17 1928****17.**

I HEREBY CERTIFY, That I attended deceased from

, 19....., to

, 19.....

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis**CONTRIBUTORY (SECONDARY)****W. M. A.****18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

**(Signed) J. W. Kerner M.D.
6/18, 1928 (Address) Dep. Coroner**

*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

Greenwood**June 21 1928****20. UNDERTAKER****J. W. Hughes**ADDRESS **2620****Lawton**

