2444

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

Do not use this space.

33587

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399 — File No.:

Township: Raw — Primary Registration District No.: 1005 — Registered No.: 197

City: Kansas City (No.: St. Luke's Hosp. St.: Ward:)

2. FULL NAME: Mrs. Anna Petersen

(a) Residence. No.: St.: Ward: Excelsior Springs, 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	wh	married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	45			

8. OCCUPATION OF DEACESED
(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): Sioux City
(STATE OR COUNTRY): Iowa

PARENTS

10. NAME OF FATHER: Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Unknown

12. MAIDEN NAME OF MOTHER: Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Unknown

14. INFORMANT: William A. Petersen
(Address): Excelsior Springs, Mo.

15. FILED: 10/10, 1928 — M. M. Crowe, Registrar

MEDICAL CERTIFICATE OF DEATH

5

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 9 1928.

17. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1928, to Oct 9 1928, that I last saw h. alive on Oct 9, 1928, and that death occurred, on the date stated above, at 11:05 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Dehydration Toxemia
Post Operative Ileus
1 2 3
1 2 4 5
1 2 3 Ch. Hepatitis - acute
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 28, 1928
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Ralph K. Wilson, M. D.
10/10, 1928 (Address) 1002 Argyle

*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: Fremont, Nebr. — DATE OF BURIAL: Oct. 10 1928

20. UNDERTAKER: D. H. Newcomer's Son — ADDRESS: K.C. 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.

[illegible]