EC 29 1928

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

Do not use this space.

34170

1. PLACE OF DEATH
County Madison
Township St Michael
City Fredericktown MO (No. 302 St. Ward)
Registration District No. 538
Primary Registration District No. 07-28
File No.
Registered No.

2. FULL NAME George Washington Peterman
(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

3. SEX: Male
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~~ Nancy Peterman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13, 1850

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
77	11	25	

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

PARENTS
10. NAME OF FATHER Geo. Peterman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) N. C.
12. MAIDEN NAME OF MOTHER Morning Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Earl Peterman
(Address) Fredericktown MO.

15. FILED Oct 31, 1928 C U Dent REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1928

17. I HEREBY CERTIFY, That I attended deceased from Sep 15th, 1928, to Oct 8th, 1928 that I last saw him alive on Oct 8th, 1928, and that death occurred, on the date stated above, at 11 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brights Disease
132 A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1298
(duration) yrs. mos. ds.

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) M B Barlow, M. D
Oct 8, 1928 (Address) Fredericktown 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: Peterman Cemetery
DATE OF BURIAL: Oct 16, 1928
20. UNDERTAKER: Ed. H. Webb
ADDRESS: Fredericktown Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.