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

Do not use this space.

1615

File No. 206

Registered No. .....

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. 5538 Virginia St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Anna Christine Peterson

(a) Residence. No. 5538 Virginia St., ... Ward.
(Usual place of abode)
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 69 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept. 7, 1853

7. AGE: Years 75 | Months 4 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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) Sweden

PARENTS

10. NAME OF FATHER Unknown Stark
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Sweden
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Sweden

14. INFORMANT Mrs. John Anderson
(Address) 5538 Virginia

15. FILED 1-15-29 M. M. Coon
Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Jan 14, 1929, that I last saw her alive on Jan 14 1929, and that death occurred, on the date stated above, at ..... p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia

Flu

10 da (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Arteri Sclerosis

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Carl Edwards, M. D
1-15, 1929 (Address) 613 Commerce Bldg

*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: Elmwood — DATE OF BURIAL: Jan 16 1929

20. UNDERTAKER: D. F. Newcomer — ADDRESS: Kans. K. C. Mo

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