

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

Do not use this space.

6493

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
 Township.....Kew..... Primary Registration District No. 1002
 City.....Kansas City (No. St. Luke's Hospital)..... St. Ward)

File No.
 Registered No. 074

2. FULL NAME Alfred Peterson

(a) Residence, No. 4406 Brooklyn St. 15 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of Ingrid Peterson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 5, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 11 5

8. OCCUPATION OF DECEASED

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

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 Ingrid Peterson
 (Address) 4406 Brooklyn

15. FILED 2-9-29 M M Crowe
 REGISTRAR Crowe

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 6, 1929

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner 19....., to 19....., and that I last saw him..... alive on....., 19....., and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Traumatic Shock
186A
 (duration)..... yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Fall off roof of his house
 (duration)..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 186A
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? Yes DATE OF..... 14

WHAT TEST CONFIRMED DIAGNOSIS Autopsy

(Signed) Stanley M. White M.D.
2-7-29 (Address) Deputy 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 Mt. Washington DATE OF BURIAL Feb. 9 1928

20. UNDERTAKER R. V. Lindsey & Sons, Inc. ADDRESS Kansas City 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.

