

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

Do not use this space.

23149

1. PLACE OF DEATH

County Jackson

Registration District No. 399

File No. 1

Township Law

Primary Registration District No. Research Hospital

Registered No. 3144

City Kansas City (No. Research Hospital)

St. _____ Ward _____

2. FULL NAME

Murray Milvan Peterson

(a) Residence. No. Los Angeles Calif. St. 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)

single

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

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

May 24 - 1926

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

4

2

4

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)

Kansas City Mo.

10. NAME OF FATHER

Chas Lyford Peterson

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

Oklahoma

12. MAIDEN NAME OF MOTHER

Miss Laura Belle Lemmon

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

Lincoln Co. Mo.

14. INFORMANT (Address)

Mrs. Charol L. Peterson
Los Angeles Calif

15. FILED

7/29/30 M. M. Crowe
asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 Monday
16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from July 14, 1930, to July 28, 1930
that I last saw him alive on July 28, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Hemorrhagic Nephritis
11.5 A.

36 (duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY) Streptococci Septicemia
following Tonsillitis (duration) yrs. mos. 14 ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF _____

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Pathologic
(Signed) C. W. Davis, M. D.

July 29, 1930 (Address) 402 Withman 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

Ohnwood

DATE OF BURIAL

7-30 1930

20. UNDERTAKER

Elyan Funeral Home, 80 Linwood

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.

1. Do 1300. Warkman's Day.

Call Li 8118 when signed