

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

Do not use this space.

26850

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Flora Primary Registration District No. 1002
City Kansas City No. 3026 Flora

File No. _____
Registered No. 3462
St. _____ Ward _____

2. FULL NAME

Flora E. Peterson
(a) Residence. No. 3026 Flora St. 4 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 7, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 | 2 | 12 | _____

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Ill.

10. NAME OF FATHER James H. Montgomery

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

12. MAIDEN NAME OF MOTHER Miss Graham

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

14. INFORMANT Miss Grace Cook
(Address) 3026 Flora

15. FILED 8/20/30 M. M. Emery
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 1930, to Aug 19 1930
that I last saw h. or alive on Aug 19 1930 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage 17 days -
171 (unilateral left)
Q 20 (duration) _____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Hepatitis
nutritional insufficiency
hypertension yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician's findings and
laboratory - Oscar Knepper, M. D.
(Signed)

Address 220 amyth Bl

*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 Newcomer's Vault DATE OF BURIAL 8/21 1930

20. UNDERTAKER S. H. Newcomer's Sons ADDRESS 700

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.

220 (1940) 10/10/40
Vi. 4960.
1-4.