

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

Do not use this space.

36271

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Rau

Primary Registration District No. 1002

City Genese City (No. General Hospital #2)

File No. _____
Registered No. 01570 St. _____ Ward _____

2. FULL NAME William Peterson J.

(a) Residence. No. 2816 Genese St. 3 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 16 1888

7. AGE 42 YEARS MONTHS 4 DAYS 27 IF LESS than 1 day, _____ hrs. or _____ min.

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

(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) Mississippi

10. NAME OF FATHER William Peterson

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

12. MAIDEN NAME OF MOTHER Prussilla Ralder

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

14. INFORMANT Sarah Peterson (Address) 2816 Genese

15. FILED 11/18 30 M. M. Croome REGISTRAR Gssr

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from October 1, 1930, to Nov. 13, 1930, that I last saw him alive on Nov. 12, 1930, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

Unknown (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY Exhaustion - Taxation (SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. M. Miller, M. D. Nov 13 19 30 (Address) V. C. Gen Hosp #2, P. C. K.

*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 Blue Ridge Lawn Cem. DATE OF BURIAL Nov. 17 1930

20. UNDERTAKER West, Appleton + Jones ADDRESS 1600 E. 19th

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.

