

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

Do not use this space.

2038
30
File No. _____
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County Macon
Township Russell
City _____ (No. _____)

Registration District No. 531
Primary Registration District No. 5718 B

2. FULL NAME

Viola Bell Peterson

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) Dec 14 - 1930

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	0	0	22	

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) Macon Co Mo

PARENTS

10. NAME OF FATHER W. N. Peterson

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

12. MAIDEN NAME OF MOTHER Paula Cronman

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

14.

INFORMANT W. N. Peterson
(Address) New Cambria Mo

15.

FILED 1st 6th 1931 9:27 Sunday REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 5th 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 4th 1931, to Jan 5th 1931 that I last saw her alive on Jan 4th 1931, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
11/15

CONTRIBUTORY (SECONDARY) 11/15

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 0

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Cowart M. D.

Jan 6, 1931 (Address) New Cambria Mo.

*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

Brooklin Cemetery

DATE OF BURIAL

Jan 7 1931

20. UNDERTAKER*

Ed Herstein

ADDRESS

Brooklin

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.

JAN 20 1931

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5-2038