

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

10015

**1. PLACE OF DEATH**

County Richmond  
Towship Richmond  
City Richmond

Registration District No. 399  
Primary Registration District No. 1007  
(No. 5-6-35 Anita St)

File No. 1285  
Registered No. 1285  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 5-6-35 Anita St. 14 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Dana B. Peterson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 4 - 1853</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>4</u>	DAYS <u>11</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 15, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 15, 1931, to Mar. 15, 1931, that I last saw him alive on Mar. 15, 1931, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Bright's disease

131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Noviday 24

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) George A. Peterson 15-6-35 Anita St.

15. FILED 3/16, 1931 M.M. Cerow REGISTRAR

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH 131

19. DID AN OPERATION PRECEDE DEATH? no DATE OF 1

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Exam.

(Signed) M. White M. D.  
3/16, 1931 (Address) 309 W. Jefferson Rd

\*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 Cemal Bluff DATE OF BURIAL March 16, 1931

20. UNDERTAKER Porter Anderson ADDRESS City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

(100-1000)