

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

Do not use this space.

25032

1. PLACE OF DEATH

County Jackson
Township East
City Wrens (No. Research Hospital)

Registration District No. 399
Primary Registration District No. 11002

File No. 57110
Registered No. 10250
Ward

2. FULL NAME

Owen Robert Peterson

(a) Residence. No. 729 Spruce St., 10 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 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) Oct. 17, 1906

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 8 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Bill Clerk, Remount
(b) General nature of industry, business, or establishment in which employed (or employer). Packing House
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Peter A. Peterson

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

12. MAIDEN NAME OF MOTHER Ida Erickson

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

14. INFORMANT P. A. Peterson
(Address) 729 Spruce

15. Date of death July 12, 1931 Registrar M. M. Crowe
Ass.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1931

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1931, to July 11, 1931, that I last saw him alive on July 11, 1931, and that death occurred, on the date stated above, at 4:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
13 1/2
13 20
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Bright's Disease - Nephritic
(duration) yrs. 9 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? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Geo E. Knapp, M. D.

7/12, 1931 (Address) 934 W. 11th St. St. Louis, 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

Mt. Washington

DATE OF BURIAL

July 13, 1931

20. UNDERTAKER*

O. W. Newcomer's Sons

ADDRESS

2111 E. 9th

K. 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

934 Augy le 18 Aug.

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