

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

Do not use this space.

9011

File No. _____
Registered No. 1720 St. _____ Ward _____

1. PLACE OF BIRTH
 53 County Laclede Registration District No. 449
 2 Township _____ Primary Registration District No. 4267
 6 City Lebanon (No. _____) St. _____ Ward _____

2. FULL NAME Elford Peterson
 (a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Alta Massey (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1887
 7. AGE YEARS 44 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice cream delivery
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 137
 10. Date deceased last worked at this occupation (month and year) Mar 2 1932 11. Total time (years) spent in this occupation 3 1/2 yrs

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 4 1932
 22. I HEREBY CERTIFY, That I attended deceased from March 2 1932 to March 4 1932
 I last saw him alive on March 4 1932 Death is said to have occurred on the date stated above, at 6:40 p. m.
 The principal cause of death and related causes of importance were as follows:
Pneumonia (lar)
 108 108
 Other contributory causes of importance: _____

Date of onset 3-1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo
 MOTHER 13. NAME Harve Peterson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Mo
 15. MAIDEN NAME Lieu Starvois
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo
 17. INFORMANT Elford Peterson (ADDRESS) Lebanon Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery DATE 5-12-32
 19. UNDERTAKER Salman (ADDRESS) Lebanon Mo
 20. FILED 3/7 19 32 J. M. Bellamy Registrar

Name of operation _____ Date of _____
 What test confirmed diagnosis Physical Was there an autopsy? 70
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? 70
 If so, specify _____ (Signed) J. E. Blackmuder, M. D.
 (Address) Lebanon Mo

N. B.—Every item of information should be carefully supplied. A false statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 27 1932

