

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

Do not use this space.

29168

**1. PLACE OF DEATH**

48 County Jackson Registration District No. 398  
 Township Blue Primary Registration District No. 5554  
Independence (No. 11208 - East 10th St.)

File No. \_\_\_\_\_  
 Registered No. 291  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Daisy Louise Peterson  
 (a) Residence, No. 11208 East 10th 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**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm A Peterson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1884  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 3 13  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Haven Conn

FATHER 13. NAME Jerry Johnson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Conn

MOTHER 15. MAIDEN NAME unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Conn

17. INFORMANT Wm A Peterson  
 (ADDRESS) Independence Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Woodlawn DATE Sept 28 1932

19. UNDERTAKER Carson Funeral Home  
 (ADDRESS) Independence Mo

20. FILED Sept 27 1932 Clark Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1932  
 22. I HEREBY CERTIFY That I attended deceased from 12:30 1932 to 10:00 1932  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, at 1:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

97 Pulmonary  
1120 Hemorrhage  
 Other contributory causes of importance:  
Atherosclerosis

Name of operation Autopsy Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? yes

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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) \_\_\_\_\_, M. D.

(Address) Independence Mo

Judith S. Clark

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

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.

OCT 25 1932

