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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 31498
Township — Primary Registration District No. 1001 — Registered No. 999
City St. Joseph, (No. 14 Riverview Place, St. Ward)

2. FULL NAME Anna Elizabeth Louise Peterson,
(a) Residence, No. 14 Riverview Place St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Peter Peterson,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 3, 1848
7. AGE: YEARS 74 ~~78~~ MONTHS 10 DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home, 93C
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 95A
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 77

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany, 10

FATHER
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown, 31

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Charles Peterson 14 Riverview Place
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE Oct. 17, 1932
19. UNDERTAKER (ADDRESS) Heaton-BeGole & Bowman 319 S. 10th. St. Funeral House
20. FILED 10-15-32 19 John R Benders Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 8, 1930, to Oct 13, 1932
I last saw her alive on Oct 13, 1932. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis-chronic and	1976
Auricular Fibrillation	Aug 27 1932
93	
Other contributory causes of importance:	
Arterio Sclerosis General	Unknown
1	

Name of operation None Date of
What test confirmed diagnosis? Signs & Symptoms Was there an autopsy? No

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? No
If so, specify
(Signed) Clarence A Good, M. D.
(Address) St Joseph Mo

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

MARGIN RESERVED FOR BINDING

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.

NOV 21 1932

V. S. NO. 2