

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

Do not use this space.

40849

**1. PLACE OF DEATH**

County Newtown Registration District No. 609  
Township Wesche Primary Registration District No. 5808  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Benjamin Franklin 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**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</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>Mary Peterson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 22, 1849</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>1</u>	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cassachusetts</u>			
	13. NAME <u>Henry Peterson</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>			
	15. MAIDEN NAME <u>Gip. Kibb. Albert</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Massachusetts</u>			
17. INFORMANT <u>Mary A. Peterson</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>607 Cemetery</u> DATE <u>Dec 27</u> , 19 <u>33</u>				
19. UNDERTAKER (ADDRESS) <u>Belka's Funeral Home</u> <u>Wheaton, Mo</u>				
20. FILED <u>1/2</u> , 19 <u>33</u> <u>C. E. Manos</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 30, 1932  
I last saw him alive on Aug 30, 1932 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:  
not known  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Enlarged Prostate & Retention of Urine

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) D. E. Curran, M. D.  
(Address) Wesche, Mo

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.

73  
May 27 1933

RECORD THIS IS A PERMANENT RECORD

