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.

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

Do not use this space.

File No. 19154

Registered No. 28

1. PLACE OF DEATH

County: Cass — Registration District No.: 156

Township: Grand River — Primary Registration District No.: 4090

City: Harrisonville (No. ..... St. ..... Ward) Mo

2. FULL NAME: Mary Bell Peterson

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 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 (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Garrett Peterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20 - 1907

7. AGE: Years 26 | Months 4 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 193

10. Date deceased last worked at this occupation (month and year): 9 20

11. Total time (years) spent in this occupation: 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

FATHER

13. NAME: Herman Leinkuhler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER

15. MAIDEN NAME: Lina Powell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT: James Garrett Peterson
(ADDRESS) Harrisonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oakland DATE: 6/24, 1933

19. UNDERTAKER: Rennenberger Bros Co
(ADDRESS) Harrisonville Mo

20. FILED: 6/23, 1933 [illegible]
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 31, 1933, to June 22, 1933

I last saw her alive on June 22, 1933. Death is said to have occurred on the date stated above, at 3 P. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Electrical Burn	
Multiple underdevelopment	
of respiratory tract & lungs	
Shock & Exhaustion	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Gross findings 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.

By contact with H.T. wires

Manner of injury: Electric Shock & Burns

Nature of injury: Burns

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) D. E. Oliver M.D., M. D.

(Address) 104 W Pearl St Harrisonville Mo