

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.

SEP 26 1933

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

Do not use this space.

**26960**

1. PLACE OF DEATH  
 5-7 County Linn Registration District No. 508  
 Township ..... Primary Registration District No. 5677  
 City Farmersville (No. ....) St. .... Ward (.....)

2. FULL NAME Ann Elizabeth 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) -

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1933

7. AGE YEARS MONTHS Days If LESS than 1 day, .....hrs. or .....min.  
4

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmersville mo

MOTHER FATHER  
 13. NAME O. J. Peterson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark  
 15. MAIDEN NAME Ethel Midden  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macou mo

17. INFORMANT E. V. Vinson  
 (ADDRESS) Chillicothe mo

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Messadonna DATE 8 12 1933

19. UNDERTAKER F. B. Norman  
 (ADDRESS) Chillicothe mo

20. FILED Aug 12 1933 R. Barney  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 8 1933, to Aug 11 1933  
 I last saw her alive on Aug 8 1933 Death is said to have occurred on the date stated above, at 5:00 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Premature Birth  
 Date of onset 159 159

Other contributory causes of importance: -

Name of operation - Date of -  
 What test confirmed diagnosis? clinical Was there an autopsy? -

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) R. J. Vinson, M. D.  
 (Address) Chillicothe mo

