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.

29675

1. PLACE OF DEATH

County Jackson — Registration District No. 892 — File No.

Township Kaw — Primary Registration District No. [illegible] — Registered No. 3599

City Kansas City (No. General Hospital #2 St. Ward)

2. FULL NAME Audrey Peterson

(a) Residence, No. 1407 East 14th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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 Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1931

7. AGE — YEARS 1 — MONTHS 11 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Missouri

FATHER

13. NAME Henry Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

MOTHER

15. MAIDEN NAME Myrtle Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

17. INFORMANT (ADDRESS) Record Clerk Gen. Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cemetery DATE 9/11/33

19. UNDERTAKER (ADDRESS) West, Appleton & Jones 1600 E 19 St.

20. FILED 9/11, 1933 M. M. Crowe Assn Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 10, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th, 1933, to Sept 10th, 1933

I last saw her alive on Sept 10th, 1933 Death is said to have occurred on the date stated above, at 3:40 A.m.

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

	Date of onset
Acute Miliary Tuberculosis	
Tuberculous Meningitis	
Pulmonary Tuberculosis	
Toxemia	
23A	
32A	
24A	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical & Lab. 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) P. C. Turner, M. D.

(Address) Gen. Hosp. #2