

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

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

Do not use this space.

36361

**1. PLACE OF DEATH**

County Jackson  
Township Blue  
City Independence

Registration District No. 398  
Primary Registration District No. 3019

File No. \_\_\_\_\_  
Registered No. 366 (Ward)

**2. FULL NAME**

Ida Florence Peterson  
(a) Residence, No. 3655 Campbell St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) Kansas City (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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 22 1861</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>6</u>
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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 _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Osark</u> <u>Missouri</u>		
13. NAME <u>J. McLenore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>Tennessee</u>		
15. MAIDEN NAME <u>Dialtha Alexander</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>Tennessee</u>		
17. INFORMANT <u>Myrtle Jones</u> (ADDRESS) <u>Walnut Grove Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>Nov. 17 1933</u>		
19. UNDERTAKER <u>Carsen Funeral Home</u> (ADDRESS) <u>Independence Mo.</u>		
20. FILED <u>Nov. 16 1933</u> <u>Dr. E. L. Cook</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Dr. J. Coover  
I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. 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:  
Spinal Fracture Date of onset \_\_\_\_\_  
RIDN  
Other contributory causes of importance: 204  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 11/14 1933  
Where did injury occur? Independence, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Street  
Manner of injury Automobile collision  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
If so, specify \_\_\_\_\_  
(Signed) Vernon R. Fisher, M. D.  
(Address) 8213 Lee Street

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.

1934

