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

Do not use this space.

File No. 38995

Registered No. 213

JAN 26 1934

1. PLACE OF DEATH

County: Adair — Registration District No. 4

Township: — Primary Registration District No. 3001

City: Kirksville (No. 819 E. Illinois St. Ward)

2. FULL NAME: Peter S Peterson

(a) Residence, No. ... St., ... Ward. Greentop, Mo
(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.

JAN 3 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 19 - 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
60	11	15	

OCCUPATION

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

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): Mo

FATHER

13. NAME: G. M. Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER

15. MAIDEN NAME: Sophia Swanson

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

17. INFORMANT (ADDRESS): Otto Peterson Greentop Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE: Greentop Mo DATE: Dec 4, 1933

19. UNDERTAKER (ADDRESS): J. M. West Queen City Mo

20. FILED: Dec 3, 1933 Spencer Freeman, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 3, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov, 1933, to Dec. 3, 1933

I last saw him alive on Dec 3, 1933. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

	Date of onset
Myocarditis Acute	
Cirrhosis of Liver	
Ascites	

Other contributory causes of importance:
124B
93A

Name of operation ... Date of ...

What test confirmed diagnosis? ... 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? no

If so, specify ...

(Signed) Ralph A. Stickler, M. D.

(Address) Kirksville, 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.

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

MARGIN RESERVED FOR BINDING

S. No. 2