

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

Do not use this space.

40570

JAN 26 1934

1. PLACE OF DEATH
 54 County Lafayette Registration District No. 460
 3 Township Dover Primary Registration District No. 4274
 4 City Higginsville, (No., St. Ward)

2. FULL NAME Alexina Mattie Peterson
 (a) Residence, No. St. 3rd 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) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) L. P. Peterson				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan/15/1884				
7. AGE YEARS 49	MONTHS 11	DAYS 8	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife			
	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) Rochester, Minn.				
FATHER	13. NAME John Elliotte			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minn.			
MOTHER	15. MAIDEN NAME Unknown			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown			
17. INFORMANT L. P. Peterson (ADDRESS) Higginsville, Mo.				
18. BURIAL, CREMATION OR REMOVAL PLACE City Cemetery DATE 1/7/34				
19. UNDERTAKER (ADDRESS) Higginsville, Mo.				
20. FILED 12-26-33 Dr. W. A. Braecklein Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 23**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 22**, 19**33**, to **Dec 23**, 19**33**
 I last saw him alive on **Dec 23**, 19**33** Death is said to have occurred on the date stated above, at **3:30** A. M.
 The principal cause of death and related causes of importance were as follows:
Intestinal Obstruction - Acute - (Partial Cause not determined) Date of onset **Dec 16 1933**

Other contributory causes of importance:
122 B

Name of operation **No** Date of **.....**
 What test confirmed diagnosis? **Clinical 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.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify **No**
 (Signed) **W. B. Koppentink**, M. D.
 (Address) **Higginsville, 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.

27-3-5
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