643

JAN 26 1934

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

Do not use this space. ~~627K~~ ~~613~~

1. PLACE OF DEATH
County Dade — Registration District No. 238 — File No.
Township Lockwood — Primary Registration District No. 4145 — Registered No.
City Lockwood (No. ..... St. ..... Ward)

2. FULL NAME Mamie Ellen Peterson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 - 1871

7. AGE YEARS 62 MONTHS 7 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Lafayette Co

FATHER
13. NAME B. M. Neil
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER
15. MAIDEN NAME Annie E Groves
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lafayette Co Mo

17. INFORMANT (ADDRESS) Paul Peterson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenfield DATE Jan 4 1934

19. UNDERTAKER (ADDRESS) Ray Caldwell Lockwood, Mo

20. FILED 1-4 1934 J. C. Weiss Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1934

22. I HEREBY CERTIFY That I attended deceased from Nov 28 1933, to Jan 2nd 1934
I last saw her alive on Jan 2 1934. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary Infarction — Date of onset 1-2-34
Chronic Endocarditis Unknown
Chronic Arteriosclerosis Unknown
92
95

Other contributory causes of importance:
Hypertensive Cardio-Vascular Disease Unknown

Name of operation none Date of
What test confirmed diagnosis? none 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?
If so, specify
(Signed) Paul E. Pinkston DO, ~~M. D.~~
(Address) Lockwood 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.