

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

Do not use this space.

2187

FEB 27 1934  
88  
5150

1. PLACE OF DEATH

County Pike  
Township Louisiana  
City Louisiana (No. 16th PKY)

Registration District No. 689  
Primary Registration District No. 30313

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

(a) Residence, No. Cyrus Bruce Peterson St. .... Ward. ....  
(Usual place of abode) 16th PKY

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-31-50

7. AGE YEARS 83 MONTHS 9 DAYS 1 If LESS than 1 day, .... hrs. or .... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
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) Paris, Ill

MOTHER 13. NAME Benjamin a Peterson

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

15. MAIDEN NAME Bethilda Skil

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

17. INFORMANT (ADDRESS) Walter Peterson  
Lanssiana Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Paris, Ill DATE 4/3 34

19. UNDERTAKER (ADDRESS) J. H. Haery  
Lanssiana Mo

20. FILED 92 1934 J. H. Haery Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 31, 1933 to Jan 2, 1934  
I last saw him alive on 12/31, 1933. Death is said to have occurred on the date stated above, at 10:15 a.m.

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

Apoplexy  
arteriosclerosis  
Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

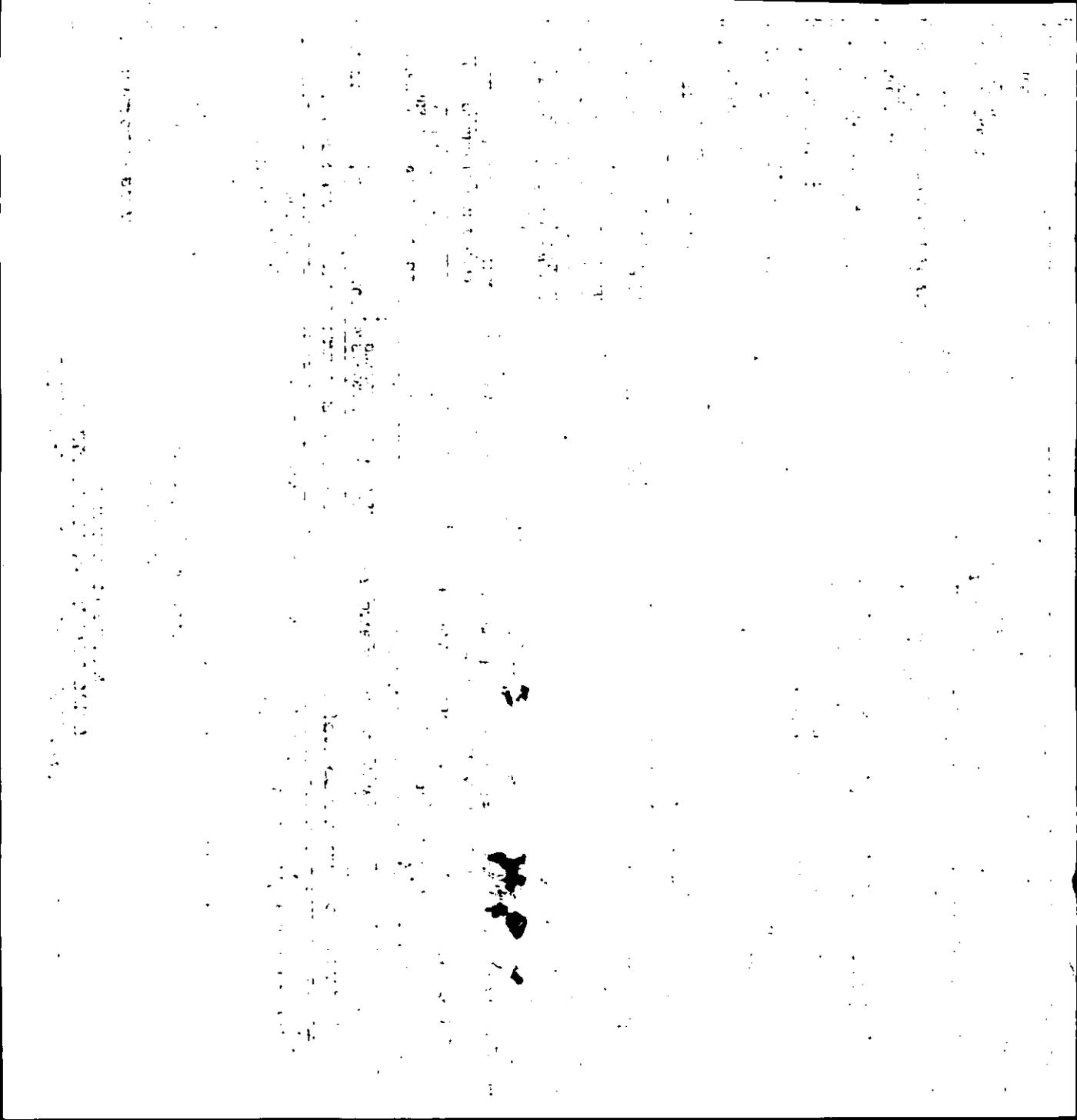
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

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

24. Was disease of injury in any way related to occupation of deceased? .....  
If so, specify .....

(Signed) J. Jewelllyn M. D.  
(Address) Lanssiana Mo



REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

*Lewis*

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County *Dike*

Registration District No. *689*

Township

Primary Registration District No. *3033*

City *Louisa* (No. ....)

File No. *2187*

Registered No. ....

St. .... Ward

2. FULL NAME

*Gymna Bruce Peterson*

(a) Residence, No. .... St. .... 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 *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*wrote the word*) *W*

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

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

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

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 *(Signature)* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 2 1934*

22. I HEREBY CERTIFY That I attended deceased from ... to ... 19...

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:

*Apoplexy*  
*Cerebral*  
*Stroke*  
Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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) ... M. D.

(Address) ...

SUPPLEMENTARY

S-2187