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

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.

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

Do not use this space.

8960

APR 25 1934

1. PLACE OF DEATH

County Jackson — Registration District No. [illegible] — File No.

Township Kaw — Primary Registration District No. [illegible] — Registered No. 1156

City Kansas City (No. Trinity Luthern St. Ward)

2. FULL NAME Anna C. Peterson

(a) Residence, No. 3008 Baltimore 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: Female
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: Charles Peterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 25, 1855

7. AGE: YEARS 79 — MONTHS 10 — DAYS ~~13~~ 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME: Bingston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Mrs. Harlod Suman, 5714 Bales

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moline, Ill. DATE: Mar 14, 1934

19. UNDERTAKER (ADDRESS): Rose & Henderson Funeral, 15 & Jackson

20. FILED: Mch 13, 1934 M. M. Crowe, Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/12/34, 19

22. I HEREBY CERTIFY, That I attended deceased from [illegible], 19

I last saw h[illegible] alive on 1/15/ 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:

Cerebral Thrombosis
Encephalomalacia

Date of onset: 5

Other contributory causes of importance:

Fracture right femur

Name of operation: Cantor — 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 3/6/34

Where did injury occur? 3008 Baltimore Rd. (Specify city or town, county, and State)

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

Manner of injury: Fell in floor

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]