16-129

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

Do not use this space.

20462

File No. 2020

Registered No. 2020

1. PLACE OF DEATH
County Jackson — Registration District No. [illegible]
Township Kaw — Primary Registration District No. [illegible]
City Kansas City (No. General Hospital St. ..... Ward)

2. FULL NAME Wm Peterson
(a) Residence, No. 1376 Washington 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 4-13-1883

7. AGE: YEARS 51 — MONTHS 1 — DAYS 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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): Sweeden

FATHER
13. NAME: Do not Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Do not know

MOTHER
15. MAIDEN NAME: ✓ Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ✓ Do not know

17. INFORMANT (ADDRESS): Public Administrator

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 6/14/34 19

19. UNDERTAKER (ADDRESS): D. V. MAST FUNERAL HOME, Inc. 3146 Main St

20. FILED 6-13-1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-9-1934

22. I HEREBY CERTIFY: That I attended deceased from ..... 19..., to ..... 19.....
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 12 30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Automobile Adrenalism	
Hemothorax	
210 M	
210	

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? Accident Date of injury 6/9/34 19.....
Where did injury occur? 13 Ch 8 Broadway Kcm (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Struck by motor car
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..... , M. D.
(Address) [illegible]

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.

JUL 17 1934

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