

SEP 19 1934

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

Do not use this space.

31743

1. PLACE OF DEATH

County Vernon
Township Basin
City (No. _____) _____

Registration District No. 877
Primary Registration District No. 6163-

File No. _____
Registered No. 12
St. _____ Ward _____

2. FULL NAME

Anna 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 18, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1934 to Aug 17, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25-1841

I last saw him or alive on Aug 17, 1934 Death is said to have occurred on the date stated above, at 4:50 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 92 7 23

The principal cause of death and related causes of importance were as follows: No Disease discernible Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: 2006

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denmark

13. NAME Fred Peterson

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

15. MAIDEN NAME Lucy

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

17. INFORMANT Ida Peterson (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE Aug 20, 1934

19. UNDERTAKER Edna Feins (ADDRESS) Schell City Mo.

20. FILED Aug 20, 1934 Pearl Peters Registrar.

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

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) F. R. Peterson, M. D.
(Address) Schell City Mo

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.

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