OCT 30 1935

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

Do not use this space.

31923

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1601 Registered No. 1066
City St. Joseph, (No. 2509 South 3rd. St. Ward)

2. FULL NAME Clarence Peterson,
(a) Residence, No. 2509 South 3rd. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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) Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lena Peterson,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov.4th.1888
7. AGE YEARS 46 MONTHS 11 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fireman,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Terminal Ry.Co.
10. Date deceased last worked at this occupation (month and year) Oct. 1915
11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abilene, Kansas,

FATHER
13. NAME James P.Peterson,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Wisconsin,

MOTHER
15. MAIDEN NAME Anna Waterstradt,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Charles Peterson 14 Riverview Place.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem DATE Oct.18th.1935
19. UNDERTAKER (ADDRESS) Heaton - McGole - Bowman 319 So.10th.St. Funeral Home
20. FILED 10-18-1935 John R. Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 16th, 1935
22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased from Oct. 16th, 1935, to ....., 19....
I last saw h.... alive on ....., 19.... Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset
Other contributory causes of importance:
Diabetis Mellitis
Name of operation none Date of
What test confirmed diagnosis? Lab Tests 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? no
If so, specify
(Signed) Tomas Thomas Cononer, M. D.
(Address) 731 Faraon

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.