JAN 18 1936

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

Do not use this space.
42157

1. PLACE OF DEATH
County: Shelby — Registration District No.: 827 — File No.:
Township: ~~Clay~~ — Primary Registration District No.: 4500 — Registered No.: 25
City: Clarence (No. St. Ward)

2. FULL NAME: Wm. Lewis Peterman

(a) Residence, No. 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*): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dee Peterman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept-21-1899

7. AGE: Years 36 — Months 2 — 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.: Lumberman
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): 12-18-35
11. Total time (years) spent in this occupation: 6yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Lewis J. Petterman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mich.

MOTHER
15. MAIDEN NAME: Emma Whiles
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Emma Peterman, Clarence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Clarence DATE: Dec-20, 1935

19. UNDERTAKER (ADDRESS): E. E. Hopper, Clarence, Mo

20. FILED: 12/31, 1935 Roy Hamilton, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935, to Dec 19, 1935
I last saw him alive on Dec 19, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Self inflicted Bullet wound R. Temple	Dec 18

Other contributory causes of importance:

Name of operation: None 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? Suicide Date of injury Dec 18, 1935
Where did injury occur? Clarence Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on public street
Manner of injury: bullet wound R temple
Nature of injury: 25 Calber revolver bullet wound

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) D. L. Harlan, M. D.
(Address) Clarence Mo

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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1. PLACE OF DEATH

County .... Registration District No. .... File No. ....

Township .... Primary Registration District No. .... Registered No. ....

City .... (No. .... St. .... Ward)

2. FULL NAME ....

(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 | 4. COLOR OR RACE | 5. Single, Married, Widowed, or Divorced (write the word)

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.

OCCUPATION

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)

FATHER

13. NAME

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

MOTHER

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.... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) .... 19....

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 .... m.

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

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.