

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.

MAR 24 1936

2550

1. PLACE OF DEATH

County JulesburgRegistration District No. 712Township LibertyPrimary Registration District No. 594-1

City (No.)

St. Ward

2. FULL NAME William Edward 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 29 1935</u>		
7. AGE	YEARS	MONTHS
	<u>0</u>	<u>0</u>
		DAYS
		<u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>uncertain</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>unknown</u>		
10. Date deceased last worked at this occupation (month and year)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Near Swedeborg, Mo.</u>
	13. NAME <u>August Peterson</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swedeborg, Mo.</u>
	15. MAIDEN NAME <u>Nova Lois Misinger</u>
INFORMANT	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Swedeborg, Mo.</u>
	17. INFORMANT (ADDRESS) <u>August Peterson Swedeborg, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Swede Cemetery</u> DATE <u>1/21/36</u> 19 <u>36</u>	
19. UNDERTAKER <u>J. H. Hoops - Sons</u> (ADDRESS) <u>Cocker - Mo.</u>	
20. FILED <u>Feb 12 1936</u> <u>Ernest A. Oliver</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21, 193622. I HEREBY CERTIFY That I attended deceased from Jan 20 1936 to Jan 21 1936I last saw her alive on Jan 21 1936. Death is said to have occurred on the date stated above, at 1:15 a.m.

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

Intestinal obstruction
IntussusceptionDate of onset
1/20/36

Other contributory causes of importance:

Name of operation None Date ofWhat 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, 1936

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) W. Seal, M. D.(Address) Cocker Mo.

