

APR 23 1936

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

Do not use this space.

10585

1. PLACE OF DEATH

County
Township
CityJackson
Hall
Mansfield

Registration District No.

Family Registration District No.

399
1002
St. Marys Joseph

File No.

Registered No.

1567
St. Ward

2. FULL NAME

(a) Residence, No.
(Usual place of abode)

3339 Park

St.

(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 *m.* 4. COLOR OR RACE *wh.* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Christine Petersen*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 3 - 1873*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 9 4 1/2

 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Night Watchman*

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Wagoner Paint*

10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Stockholm Sweden*13. NAME *Hans Petersen*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Sweden*15. MAIDEN NAME *unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown*17. INFORMANT (ADDRESS) *Christine Petersen*18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE *Green Lawn 3-9-36*19. UNDERTAKER (ADDRESS) *Carl's Funeral Home*20. FILED *Mar 8 1936 M. M. Crowe*

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 7 1936*22. I HEREBY CERTIFY, That I attended deceased from *March 2 1936*, to *March 7 1936*I last saw him alive on *March 6 1936* Death is saidto have occurred on the date stated above, at *12:00* m.

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

*(3) Septicemia**(2) Cholera**territo*

Other contributory causes of importance:

*Intermittent*Name of operation *none* Date ofWhat test confirmed diagnosis *Physi* 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) *Wally S. Wood*, M. D.(Address) *510 E. Broadway*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

510

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

Do not use this space.

105-85-

1. PLACE OF DEATH

County Jackson
Township K. C. Mo
City K. C. Mo (No. _____)

Registration District No. 399
Primary Registration District No. 10620

File No. _____
Registered No. 1287
St. _____ Ward _____

2. FULL NAME

Carl Eric 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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.
62 9 4

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)

13. NAME

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

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 J. Ben Dr. J. H. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1936

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:

Cystitis
Prostatitis
Peritonitis
Complications from
antibiotic therapy

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) Walter G. Noway, M. D.

(Address) 510 Prof Bldg
K. C. Mo

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. STATEMENT OF OCCUPATION is very important.

58501