APR 23 1936

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

Do not use this space.

10961

1. PLACE OF DEATH
County Jackson
Township O'Kaw
City Kansas City Mo. (No. , Mercy Hospital St. Ward)
Registration District No.
Primary Registration District No.
File No.
Registered No. 1637

2. FULL NAME Vivian Joy Peterson
(a) Residence, No. St., Ward. Lathrop Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 1 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 - 1936
7. AGE YEARS MONTHS 1 DAYS 15 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Lathrop Mo.

FATHER
13. NAME John Peterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Co Mo.

MOTHER
15. MAIDEN NAME Edna Snider.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colo.

17. INFORMANT (ADDRESS) John Peterson Lathrop, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lathrop Mo DATE 3/27 1936
19. UNDERTAKER (ADDRESS) Lee Moss Drunk Lathrop, Mo.
20. FILED Mar 25 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1936
22. I HEREBY CERTIFY, That I attended deceased from March 18, 1936, to March 25, 1936
I last saw her alive on March 25, 1936 Death is said to have occurred on the date stated above, at 3:05 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Malnutrition	Feb 10, 36
Broncho Pneumonia	Mar 21, 36
Other contributory causes of importance:	
Tuberculosis -	Mar 15, 36

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Name of operation None Date of
What test confirmed diagnosis? 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) Harry C Cruz, M. D.
(Address) 806 Prof Bldg KC 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD