

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

Do not use this space.

19385

JUN 17 1936

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. KC General Hosp)
 2. FULL NAME Bonnie Jean Peters
 (a) Residence, No. 5200 Bennington Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 2538
 St. 25th Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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) Jan 13 1934
 7. AGE YEARS 2 MONTHS 3 DAYS 24 If LESS than 1 day _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
 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) Kansas City Mo
 13. NAME Lawrence A. Peters
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison county Mo
 15. MAIDEN NAME Mrs. McPherson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas county Mo
 17. INFORMANT (ADDRESS) Lawrence A. Peters 2006 Bennington
 18. BURIAL, CREMATION, OR REMOVAL PLACE W. W. Murrough DATE May 7 1936
 19. UNDERTAKER (ADDRESS) 12 C. M. Co
 20. FILED May 6 1936 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6 1936
 22. I HEREBY CERTIFY, That I attended deceased from 5-4 1936 to 5-6 1936
 I last saw her alive on 5-6 1936 Death is said to have occurred on the date stated above, at 2:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Scarlet Fever 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) [Signature] M. D.
 (Address) 25th Ward

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.

