

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.

AUG 16 1936

28247

1. PLACE OF DEATH

County.....
Township.....
City..... City of St Louis No.

Registration District No. **791**
Primary Registration District No. **1003**
City, Hospital

File No.....
Registered No. **7005**
St. Ward)

2. FULL NAME Lovey Lea Peterson

(a) Residence, No. 220 Miller Str St. 23 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED, INDICATE (OR) WIFE OF George Peterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 6 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home.
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) N Carolina.

FATHER
13. NAME Francis Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Gladys Tully
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi.

17. INFORMANT (ADDRESS) 220 Miller Str

18. BURIAL, CREMATION, OR REMOVAL PLACE Memphis Tenn. DATE July 14 36

19. UNDERTAKER (ADDRESS) W. DuBois
2301 Lafayette

20. SIGNED J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10 1936

22. I HEREBY CERTIFY That I attended deceased from 19....., to 19....., 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Ch. Myocarditis
Cirrhosis of liver
Date of onset 1934

Other contributory causes of importance:

Name of operation..... Date of.....
What 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..... 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) Harold P. Kelly, M. D.

(Address).....

