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

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.

AUG 18 1936

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

Do not use this space.

28439

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City Saint Louis (No. Peoples Hospital St. ..... Ward)

File No. ..... Registered No. 7203

2. FULL NAME Adelle F. Peterson

(a) Residence, No. 4214 W. St. Ferdinand St., // Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. 11 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF Ira Peterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 5, 1900

7. AGE: Years 35 | Months 11 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) 1936

11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

FATHER

13. NAME Robert Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans Louisiana

MOTHER

15. MAIDEN NAME Julia Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saint Louis Missouri

17. INFORMANT Alice Ranson
(ADDRESS) 4428 Cote Brilliante Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE July 15, 1936

19. UNDERTAKER Charles O. Yates
(ADDRESS) 4107 Finney Avenue

20. FILED JUL 14 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12th, 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-29-, 1936, to 7-12-, 1936

I last saw her alive on July 12, 1936. Death is said to have occurred on the date stated above, at 9:15 A.M.

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

	Date of onset
Acute Myocarditis	7-11-36
50	
Other contributory causes of importance: Malignancy of Left Breast	?

Name of operation ..... 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? .....

If so, specify .....

(Signed) C. M. Jones, M. D.

(Address) 3447 Pine Blvd.