

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.

JAN 20 1937

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

Do not use this space.

45412

1. PLACE OF DEATH

County *Franklin*
Township *Crossfield*
City *Brookfield* (No. *7660*)

Registration District No. *196*
Primary Registration District No. *5680*

File No. _____
Registered No. *104*
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. *Rear 47* St. _____ Ward _____
(Usual place of abode)

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 *Female*
4. COLOR OR RACE *White*
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/29/36*
22. I HEREBY CERTIFY, That I attended deceased from _____, 1936, to _____, 1936.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *John W. Peterson Dec*

I last saw her alive on *12/27*, 1936. Death is said to have occurred on the date stated above, at *7:30 P.* m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 17-1852*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *84 11 12*

myocarditis Date of onset *1930*

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

Other contributory causes of importance: *arteriosclerosis* *1925*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Catherine Mo*

13. NAME *Charles Henderson*

Name of operation *none* Date of _____
What test confirmed diagnosis? *stained* Was there an autopsy? *no*

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

15. MAIDEN NAME *Martha Jane Bull*

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. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ky*

17. INFORMANT *Alta M. Colburn* (ADDRESS) _____

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE *Pleasant Hill* DATE *Dec 31 36*

19. UNDERTAKER *Hunter & Ralpins* (ADDRESS) *Brookfield Mo*

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____
(Signed) *W. B. Simpson*, M. D.
(Address) *Brookfield Mo*

20. FILED *Jan 9 1937* *J. Whitcher, M.D.* Registrar.

