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.

FEB 17 1937

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

Do not use this space.

987

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township — Primary Registration District No. 2001 — Registered No. 0034
City Springfield (No. Springfield hospital St. Ward)

2. FULL NAME Robert Lawrence Peterson
(a) Residence, No. 734 W. Olive St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 10, 1937

7. AGE: Years 0 — Months 0 — Days 18 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Springfield Mo.

FATHER
13. NAME Orville Peterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pottawattamie Co. Iowa

MOTHER
15. MAIDEN NAME Emma Larue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Grove Mo.

17. INFORMANT (ADDRESS) Orville Peterson 734 W. Olive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Grove Mo. DATE Jan. 29, 1937

19. UNDERTAKER (ADDRESS) R. C. Chrisinger Springfield Mo.

20. FILED Jan 29 1937 Chas A. Georgeson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27-, 1937, to 1-28-, 1937
I last saw he alive on 1-27, 1937. Death is said to have occurred on the date stated above, at 4:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Prematurity	

Other contributory causes of importance:
Congen. atelectasis?

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? No
If so, specify .....

(Signed) Leslie Burnett, M. D.
(Address) Springfield Mo