

MAR 23 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Nodaway  
 Township \_\_\_\_\_  
 City Maryville (No. St. Francis Hospital)
Registration District No. 625Primary Registration District No. 3031
 File No. 7466  
 Registered No. 19 St. \_\_\_\_\_ Ward)
2. FULL NAME Bessie Peterson
 (a) Residence, No. "202 North Ave. 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. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1861
 7. AGE YEARS 75 MONTHS I DAYS II If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

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) Sweden13. NAME Wm. Peterson14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Kjersti Pearson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT (ADDRESS) Mrs. T. K. Wray  
Maryville Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Stanton Ia. DATE Feb. 9, 193719. UNDERTAKER (ADDRESS) Price Funeral Home  
Maryville Mo.20. FILED 2-8 1937 Mamie E. Clardy Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6, 193722. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1937, to Feb 6, 1937I last saw her alive on Feb 6, 1937. Death is saidto have occurred on the date stated above, at 11:45pm

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

Arterio-sclerosis  
Senile Dementia  
Hemiplegia, with  
right sided paralysis

Date of onset

Other contributory causes of importance:

Diabetes Mellitus
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) H. M. Hall Jr., M. D.(Address) Maryville Mo

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.

