

## MISSOURI STATE BOARD OF HEALTH

Do not use this space.

AUG 11 1937  
DEPARTMENT OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
 Township Kaw Primary Registration District No. 100  
 City Kansas City (No. St. Joseph Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 26507  
 Registered No. 1253

## 2. FULL NAME (INFANT) - Donald Peterman

(a) Residence, No. Miami, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
STILL-BORN

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None - -  
 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) K. C. Missouri

13. NAME Charles D. Peterman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Josie Slaughter

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

17. INFORMANT Charles D. Peterman,  
 (ADDRESS) Miami, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami, Missouri DATE 7/21/37

19. UNDERTAKER Melody-McGilley  
 (ADDRESS) K. C. Mo.

20. FILED July 21, 1937 M. M. Brown  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 9-15-37, 1937, to 7-21, 1937

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Still born

Other contributory causes of importance: Rapid Gains - Placental

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) DeForest Hamilton, M. D.

(Address) 1107 Prospect

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.

