

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

AUG 19 1937

26904

1. PLACE OF DEATH

County Carroll Registration District No. 135
 Township Carrollton Primary Registration District No. 3010
 City Carrollton (No.) St. Ward

File No.
 Registered No. 62

2. FULL NAME Ella Peterson

(a) Residence, No. 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1937

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

22. I HEREBY CERTIFY that I attended deceased from 7-1, 1937, to July 17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1881

I last saw him alive on July 17, 1937. Death is said to have occurred on the date stated above, at 11:00 a.m.

7. AGE YEARS 56 MONTHS 1 DAYS xx If LESS than 1 day, hrs. or min.

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

Chr. Cordis Valvulae Brasae Date of onset

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)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Burlington, Iowa

13. NAME Martin Nelson

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Alma

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) Carl Peterson, Carrollton, Mo.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 7-20, 1937

Manner of injury Nature of injury

19. UNDERTAKER (ADDRESS) Stanley, Carrollton, Mo.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

20. FILED 7-19, 1937 John Harkin Registrar.

(Signed) A. B. Drovers, M. D. (Address) Carrollton, Mo.

