

NOV 17 1937

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

Do not use this space.

37597

1. PLACE OF DEATH

County Franklin
Township St. Clair
City St. Clair (No. 4178)

Registration District No. 294
Primary Registration District No. 5409B

File No. 37597
Registered No. _____
St. _____ Ward _____

2. FULL NAME Alma Belle Peterson

(a) Residence, No. _____ St. _____ Ward. East St. James mo
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 . 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27 - 1899

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

7. AGE YEARS 38 MONTHS 4 DAYS 12 If LESS than 1 day, _____ hrs. _____ min.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:15 pm.

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

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

Acute Endocarditis Date of onset _____

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: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo.

FATHER 13. NAME William Nolde

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

MOTHER 15. MAIDEN NAME Dolly Nolde

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffriesburg Mo.

17. INFORMANT Grand P. Peterson

18. BURIAL, CREMATION, OR REMOVAL PLACE East St. James DATE Oct 10 1937

19. UNDERTAKER Mrs. Nichols

20. FILED Oct 22 1937 W. D. Duckworth Registrar.

Name of operation none 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? nat. 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. at home

Manner of injury man

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) Phos. P. Sheffer

(Address) Jullust mo

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

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