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.

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

Do not use this space.

40380

DEC 20 1937

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City Mo. (No. St. Joseph Hospital. St. Ward)

Registration District No. 390
Primary Registration District No. 1002

File No.
Registered No. 1004

2. FULL NAME: Myron Harl PETERSON.

(a) Residence, No. 3515 Michigan. 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): Single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 20, 1937.

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Infant
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): Kansas City Mo.

FATHER
13. NAME: M. H. Peterson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

MOTHER
15. MAIDEN NAME: Gretchen Rounsberg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

17. INFORMANT: M. H. Peterson.
(ADDRESS): 3515 Michigan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Forest Hill DATE: 11/22/37, 19

19. UNDERTAKER: Mellody-McGilley.
(ADDRESS): K. C. Mo.

20. FILED 11-22, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 20, 1937 to Nov. 20, 1937

I last saw h. alive on Nov. 20, 1937 Death is said to have occurred on the date stated above, at 7 00 m.

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

	Date of onset
(1) Tentorial Tear	
(2) Subtentorial Hemorrhage	
(3) Cerebral Oedema	
160 B	

Other contributory causes of importance:

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? No
If so, specify

(Signed) [illegible], M. D.
(Address) St. Joseph Hospital Kansas City, Mo