

JAN 24 1938

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

Do not use this space.

46544

1. PLACE OF DEATH

County St. Clair
Township Callins
City (No. _____) _____

Registration District No. 762
Primary Registration District No. 6003

File No. _____
Registered No. _____
St. _____ Ward)

2. FULL NAME Claude Oliver 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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
37 4 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Callins Mo. (STATE OR COUNTRY)

FATHER 13. NAME J. A. Peterson

14. BIRTHPLACE (CITY OR TOWN) Callins, Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Almie Olmest

16. BIRTHPLACE (CITY OR TOWN) Callins, Mo. (STATE OR COUNTRY)

17. INFORMANT Jay Peterson (ADDRESS) Callins, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robinson Cem DATE Oct 4 37

19. UNDERTAKER Joseph and Son (ADDRESS) Callins, Mo.

20. FILED Oct 5 1937 Mrs. C. L. Handaker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, 1936, to Oct 1, 1937
Last saw him alive on Oct 1, 1937. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis with Syphilitic aortitis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Kahn 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 _____, 1937

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) D. E. D. Brown D.O.
(Address) Callins

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.

