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.

REC'D AUG 7 1939

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

Do not use this space.

File No. 25709

Registered No.

1. PLACE OF DEATH
County: Henry
Township:
City: Clinton Mo (No. 310 S, St., Ward)
Registration District No. 347
Primary Registration District No. 3018

2. FULL NAME: Edwin Eugene Peterman
(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):
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-8-1939
7. AGE: Years | Months | Days: 2 | If LESS than 1 day, hrs. or min.

OCCUPATION
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: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Mo

FATHER
13. NAME: Edwin Peterman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clinton Mo

MOTHER
15. MAIDEN NAME: Ramona Hodgens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Deepwater Mo

17. INFORMANT (ADDRESS): Edwin Peterman Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Deepwater Cem DATE: 7-10 1939
19. UNDERTAKER (ADDRESS): Tom Hurst Deepwater, Mo
20. FILED: 7-29 1939 Dr. J. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July-10 1939
22. I HEREBY CERTIFY, That I attended deceased from July-8 1939, to July-10 1939
Last saw h... alive on July 9 1939. Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Birth injury (Cerebral effusion)	

Other contributory causes of importance: None

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) James O. Hurst, M. D.
(Address) Clinton Mo

RECEIVED
District Health Officer No. 7
District File Number 7-39-1094
Date Filed 8-2-39