

SEP 1 1938

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

29549
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence Registration District No. 420
(b) Township West Union Primary Registration District No. 5033
(c) City Mt. Vernon (d) Street No. Missouri State Sanatorium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 1 mos. 3 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Glen T. Peterson

(a) Residence, No. Nelson, Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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. 24, 1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 8 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) July 1938
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Marshall 0
(STATE OR COUNTRY) Missouri 8

13. NAME John Bell Peterson 0

14. BIRTHPLACE (CITY OR TOWN) Saline County
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Louise Peterson

16. BIRTHPLACE (CITY OR TOWN) Saline County
(STATE OR COUNTRY) Missouri

17. INFORMANT E. McMichael, Record Clerk
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia, Mo DATE Aug 5, 1938

19. FUNERAL DIRECTOR (NAME) Ewing Funeral Home
(ADDRESS) Sedalia, Missouri

20. FILED Aug 5, 1938 P. A. Nelson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4, 1939
22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1929, to Aug 4, 1939
I last saw him alive on Aug 4, 1939 Death is said to have occurred on the date stated above, at 7:35 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis 1 yr.

Other contributory causes of importance: 22

Name of operation No Date of _____
What test confirmed diagnosis? X-ray sputum Was there an autopsy? Y

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) Walter T. Jones, M. D.
(Address) Mt. Vernon, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE 2/26/79

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me; or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.