

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

50 OCT 20 1939

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City.....

Clinton 2
Lathrop 1
36 2

Registration District No.

Primary Registration District No.

206
2124

File No.

Registered No.

32207

15

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *30* 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>William Peterson</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec. 19, 1865</i>		
7. AGE	YEARS	MONTHS
	<i>73</i>	<i>9</i>
		DAYS
		<i>27</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Home</i>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *October 16, 1939*

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

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at *1 P.m.*

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

Chronic Myocarditis

Date of onset *930*

Other contributory causes of importance:
Acute angina of myocarditis ext?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Illinois</i>
	<i>John Mow</i>
13. NAME	<i>Germany</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
15. MAIDEN NAME	<i>Germany</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Germany</i>
17. INFORMANT (ADDRESS)	<i>Mrs. Bessie Mathes Lathrop Mo.</i>
18. BURIAL, CREMATION OR REMOVAL PLACE	<i>Lathrop</i>
DATE	<i>Oct. 18, 1939</i>
19. UNDERTAKER (ADDRESS)	<i>De Moor Crunk Mo. Lathrop</i>
20. FILED	<i>Del 17 1939 E. B. Danverson Registrar.</i>

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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..... 19.....
 Where did injury occur?..... (S. only 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) *A. D. Templeman* M. D.
 (Address) *Coroner, Clinton County, Cameron, Mo.*

1039-1380
OCT 18 1939

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