

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

Do not use this space.

44802

1. PLACE OF DEATH  
 County Schuylers Registration District No. 806  
 Township East River Primary Registration District No. 6049  
 City Monticello MO (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)  
 2. FULL NAME Jacbie Eugene Peterson  
 (a) Residence, No. Schuylers MO Ward. \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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) Sept 29 - 1934  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
2 18  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.   
 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

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1939  
 22. I HEREBY CERTIFY, That I attended deceased from did not attend 1939, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h. \_\_\_\_\_ alive on did not see alive death is said to have occurred on the date stated above, at not known.  
 The principal cause of death and related causes of importance were as follows:  
unknown  
Found dead.  
 Date of onset \_\_\_\_\_

Other contributory causes of importance: 200 lb  
 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? 3  
 If so, specify \_\_\_\_\_  
 (Signed) Chas A. Dolgo  
 (Address) Monticello, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kirkville MO  
 13. NAME Junior Peterson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dear River MO  
 15. MAIDEN NAME Jane Carol Smith  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cornelville MO  
 17. INFORMANT Junior Peterson  
 (ADDRESS) Monticello MO  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Newberry DATE Dec 18 1939  
 19. UNDERTAKER Wm H. West  
 (ADDRESS) Monticello MO  
 20. FILED 12/18 1939 Mo. P. Furmington  
 Registrar.

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.

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

