

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

29765
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 796
 (b) Township Marshall Primary Registration District No. 3038 Registered No. 124
 (c) City Marshall (d) Street No. Putnam Hospital 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. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 530 Izeta Belle (Kent) Kent St. Marshall, Mo
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Garret Keat

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 27, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 2 3

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo

FATHER 13. NAME Frank Peterson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo

MOTHER 15. MAIDEN NAME Katie Y. Vester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Dr. Putnam Marshall, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park DATE Aug 6 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Dan Short 715 Marshall, Mo.

20. FILED 8-3- 19 40 Mary Kent Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1940

22. I HEREBY CERTIFY, That I attended deceased from July 10 1940 to Aug 2 1940. I last saw him alive on Aug 20 1940. Death is said to have occurred on the date stated above, at 2:15 P.

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

Pulmonary Embolism

Date of onset 8-2-40

Other contributory causes of importance: 1/21

Name of operation Appendectomy Date of 7-24-40
 What test confirmed diagnosis? Clinical 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? _____ (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) Putnam, M. D.
 (Address) Marshall Mo.

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.

SEP 25 1940

DATE FILED 9-12-40
RECEIVED
OFFICE HEALTH Officer No. 8,

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 *Donald W. Short*

Licensed Embalmer No. *3757*

P. O. Address *Marshall M*

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.