11 1928

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

Do not use this space.

1. PLACE OF DEATH Jackson
County Jackson County Home Registration District No. 400 File No. 13653
Township Prairie Primary Registration District No. 55536 Registered No. 62
City (No. , St. Ward)

2. FULL NAME George Peterson
(a) Residence. No. Jackson Co. St. Home Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 5 yrs. 3 mos. 12 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: negro
5. ~~SINGLE, MARRIED~~, WIDOWED ~~OR DIVORCED~~ (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About - 1848

7. AGE: About 80 YEARS | MONTHS: Unknown | DAYS: | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Eufaula
(STATE OR COUNTRY) Ala

PARENTS
10. NAME OF FATHER Dont know
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ala
12. MAIDEN NAME OF MOTHER Dont know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Dont know

14. INFORMANT Francisca Woods
(Address) 3424 Oakley Str.

15. Filed Apr 26 1928 F. M. Schick
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-23-1928

17. I HEREBY CERTIFY, That I attended deceased from 4-15-28, 19..., to 4-23-, 1928 that I last saw him alive on 4-23-, 1928, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Insufficiency
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam.
(Signed) L. W. Booker, M. D
, 19 (Address) 2128 Vine St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: K.C. Mo. Western Dental school
DATE OF BURIAL: 4-26 1928

20. UNDERTAKER: ~~Flynn & Greenstreet~~ Mo State Anatomical Board
ADDRESS: 1819 E. 15th St. K.C. 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.