

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

Do not use this space.

43724

**1. PLACE OF DEATH**

County Bates  
Township Wrstpoint  
City                      (No.                     )

Registration District No. 49  
Primary Registration District No. 4029

File No.                       
Registered No.                       
St.                      Ward                     

**2. FULL NAME** Sarah Peterson

(a) Residence, No.                      St.                      Ward                       
(Usual place of abode)

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE "white" 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec, 8 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1936, to Dec 9, 1936. I last saw her alive on Dec 9, 1936. Death is said to have occurred on the date stated above, at 11 Am.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1863

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	77	7	28	

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired

apoplexy

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                     

Other contributory causes of importance: Arterio-sclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

13. NAME Unk

Name of operation                      Date of                       
What test confirmed diagnosis?                      Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk

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.

15. MAIDEN NAME Unk

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

17. INFORMANT (ADDRESS)                     

Manner of injury                       
Nature of injury                     

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mid Vernon County DATE 12/10, 1936

19. UNDERTAKER (ADDRESS) Frederick Mangold  
1229 1/2 E. 11th St.

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify                       
(Signed) R. E. Crabtree, M. D.

20. FILED 12/19 1936 Trace L. Smiser  
Registrar

(Address) Amsterdam, Mo.

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

NOV 28 1937

