

NOV 25 1938

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

37098  
Do not use this space.

1. PLACE OF DEATH

(a) County Vernon 3 Registration District No. 875  
 (b) Township Washington 1 Primary Registration District No. 6162 Registered No. 270  
 (c) City Nevada (d) Street No. \_\_\_\_\_ 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 0 yrs. 6 mos. 21 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Nelson Peterson  
 (a) Residence, No. State Hospital #3 St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kathrine Peterson  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1900  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
38 | 4 | 14  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day labor  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) 7 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

FATHER 13. NAME 9

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER 15. MAIDEN NAME 7

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Records, State Hosp #3, Nevada

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathage DATE Oct 25 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wm. Ed Cathage, mo

20. FILED 10-23 1938 Alvin V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23 1938

22. I HEREBY CERTIFY That I attended deceased from April 2 1938 to Oct. 23 1938  
 I last saw him alive on Oct. 23 1938. Death is said to have occurred on the date stated above, at 10:45 A. M.  
 The principal cause of death and related causes of importance were as follows:

Paralysis  
g2  
 Other contributory causes of importance: Pulmonary Tuberculosis ?  
 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? \_\_\_\_\_ (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) Wm. H. Totten M. D.  
 (Address) State Hosp #3, Nevada

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.

STATE OF NEW YORK  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

FORM NO. 1

6761 I NVC  
JAN 1 1949

RECEIVED

District Health Officer No. 7,

District File Number 2-38-310

Date Filed 11-3-38

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 Edulmer

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Edulmer

Licensed Embalmer No. 2222

P. O. Address Canthage

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.