

1933 FEB 23 1939

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

2156
Do not use this space.

1. PLACE OF DEATH

(a) County Saugear Registration District No. 280
(b) Township Brown Primary Registration District No. 5399 Registered No.
(c) City Saugear Mo. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

367 William P. Peterson
(a) Residence, No. Saugear Mo 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 11 11

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Saugear (Europe) (STATE OR COUNTRY)

13. NAME Peter Nelson

14. BIRTHPLACE (CITY OR TOWN) Saugear (Europe) (STATE OR COUNTRY)

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. H. G. Dye
Saugear, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robbs DATE 1-4 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

20. FILED Feb 1 1939 Mrs. Max Reberman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-3 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-1 1939 to 1-3 1939

I last saw him alive on 1-1 1939. Death is said to have occurred on the date stated above, at 12:30 P.M.

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

Valvular Heart Trouble Date of onset None known

Other contributory causes of importance: None

Name of operation Phys. Ex. 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? Yes
If so, specify P.M. Norman M. D.
(Signed) ava Mrs. (Address)

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.

Dr. R. M. Norman

RECEIVED

District Health Officer No. 6,

District File Number 6-39-358

Date Filed FEB 16 1939

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.