

REC'D SEP 7 1939

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

29528

Do not use this space.

1. PLACE OF DEATH

(a) County Lafayette Registration District No. 460
(b) Township Dover Primary Registration District No. 5623 Registered No. 46
(c) City Confederate Home (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 Letzetta Jane Peterson

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 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) Dec 13th 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 6 18

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

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) (STATE OR COUNTRY) Saint Louis, Mo.

13. NAME Julius Kurlbaum

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

15. MAIDEN NAME Didilda May

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Peoria, Ill.

17. INFORMANT (ADDRESS) Lillie Nichols
Sat. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Con Home DATE 7/3/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. H. Hader
Higginsville, Mo.

20. FILED Sept 11 1939 Tiffany Walle
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Dec 13 to July 1, 1939

I last saw her alive on July 11, 1939. Death is said to have occurred on the date stated above, at 2 P m.

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

Memoria
Chronic Hypertension
Diabetic Glaucoma
Myocardial Infarction

Date of onset
6-26-39

Other contributory causes of importance:

Name of operation none Date of _____
What test confirmed diagnosis? none 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) Augustine J. ... M. D.

413 (Address) Higginsville, Mo.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9/3/39

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 *W. H. Hodson*

Licensed Embalmer No.

P. O. Address *Highway 101*

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.