

MAY 27 1930

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

Do not use this space.

13380

## 1. PLACE OF DEATH

County MontanaRegistration District No. 5-75Township 5thPrimary Registration District No. 4339City Lepta (No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Minnie 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

## 3. SEX

Female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

widow

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

Fred Peterson

## 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. 9, 1864

## 7. AGE

YEARS 66MONTHS 3DAYS 13

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

Montana Co.(STATE OR COUNTRY) mo.

## 10. NAME OF FATHER

Henry Kirchhoff

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Holland

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

unknown

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Holland

(STATE OR COUNTRY)

## 14.

INFORMANT

(Address)

E. W. PetersLepta mo.

## 15.

FILED

4/23 1930

Mrs Sarah Fore

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

## 16. DATE OF DEATH (MONTH, DAY AND YEAR)

4-22-1930

## 17.

I HEREBY CERTIFY, That I attended deceased from Apr 20, 1930, to Apr 22, 1930 that I last saw her alive on Apr 22, 1930, and that death occurred, on the date stated above, at 3:30 P m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Valvular disease of heart92 A(duration) part day yrs. mos. ds.

## CONTRIBUTORY (SECONDARY)

(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?

clinical(Signed) B. V. Bowditch, M. D.4-23, 1930 (Address) Lepta Mo

\*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

Colfaxia mo.

## DATE OF BURIAL

4-24, 1930

## 20. UNDERTAKER

Jessie E. Richards

## ADDRESS

Lepta 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.

